JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE

Children & Young People: Key Messages

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1. Population and demography

1.1 Current population (last updated March 2013)

- There are 180,700 children and young people aged 0-19 in the county, a reduction of 0.5% since the 2001 census. In comparison, the England and Wales 0-19 population increased by 3%, due to both migration and birth rate.

1.2 Projected population (last updated March 2013)

- The 0-19 population is set to increase by 3.5% on average across the county by 2021 (lower than the national forecast of 7.9%), with the largest growth in the 5-9 population (+17%).

1.3 Ethnicity (last updated September 2013)

- According to the 2011 Census, Nottinghamshire has a population of around 13,000 black and minority ethnic (BME) 0-19 year olds, which equates to 7.2% of the total 0-19 population.

- The highest numbers of BME children and young people live in the conurbation areas of Broxtowe, Gedling and Rushcliffe.

- 4.9% of Nottinghamshire school pupils speak English as an additional language, up from 3.5% in 2010.

1.4 Religion/belief (last updated September 2013)

- According to the 2011 Census, the majority of children and young people in the county are registered as Christian (89,788). This represents a drop from 122,414 in 2001. The second largest group are those of no religion (72,084), which has increased from 38,816 in 2001.

- The religion with the next highest number of children and young people is the Muslim faith, which has 2,553 followers aged 0-19 compared to 1,349 in 2001.

- Numbers of children and young people registered as Muslim, Sikh and Hindu are highest in the conurbation areas of Gedling, Broxtowe and Rushcliffe.

1.5 Births and life expectancy (last updated September 2013)

- The number of live births in Nottinghamshire increased by 18.4% between 2000 and 2011, slightly below the national rise of 19.8%.

- Over half of live births (53.7%) in Nottinghamshire in 2011 took place outside marriage or civil partnership, above the national average of 46.6% and the East Midlands average of 51.1%.

- In terms of the age of mothers having babies, there is variation across districts according to levels of affluence – the proportion of mothers having children at a later age is noticeably higher in the three conurbation boroughs of Broxtowe, Gedling and Rushcliffe.

- The current life expectancy of a child is 78.5 years (male) and 82.3 years (female), but this also varies considerably across districts according to deprivation – a male in Ashfield will on average live 3.6 years less than a male in Rushcliffe, and a female 2.4 years less.

1.6 Special educational needs and disability (last updated March 2013)

- There are estimated to be between 5,000 and 12,000 disabled young people (aged 0-19) in the county.

- There has been a 70% increase in 0-17 year old claimants of Disability Living Allowance in Nottinghamshire over the last decade.

- More than one in six Nottinghamshire pupils have some kind of special educational need (SEN) and 1.1% have a Statement of SEN. Districts with the highest percentages of children with SEN are Mansfield (20.4%), Ashfield (19.1%) and Gedling (18.0%).

1.7 Young carers (last updated March 2013)

- 2% of the 0-15 population in Nottinghamshire have caring responsibilities for another person (Census 2001).

- A small survey of 19 of the county's young carers found that the average number of hours worked per day was 3.9 (weekdays), and 11.1 hours per weekend.

1.8 Socio-economic profile (last updated March 2013)

- In 2011, around one in seven 0-15 year olds in Nottinghamshire lived in households where nobody worked.

- 15.1% of Nottinghamshire school pupils are eligible for free school meals (as at January 2013). The highest numbers are in Ashfield and Mansfield.

- The numbers of lone parents increased by 19% between 2001 and 2011, with the highest increase in Ashfield (31%).

- It is estimated that 8,000 of the county's children and young people will see their father imprisoned during their school years.

1.9 Child Poverty (last updated March 2013)

- 27,950 children and young people aged 0-19 were identified as living in poverty across Nottinghamshire in 2010, which equates to 17.1% of the 0-19 population.

- There are fewer children in poverty in Nottinghamshire than in England (20.6%) and the East Midlands (18.7%).

- The spread of child poverty across the county is not equal, with greater levels in central and northern districts. However, all districts have wards with over 10% of children living in poverty.

- There are 42 wards in Nottinghamshire identified as 'target wards', where child poverty levels exceed the national figure of 20.6%.

- Ravensdale Ward in Mansfield has the highest level of child poverty in the county - 47.2% of children aged 0-19 were in poverty in 2010.

2. Health

2.1 Maternity and early years (last updated September 2010)

- The birth rate in Nottinghamshire is significantly lower than both the England and the East Midlands average. However, there is projected to be a 9% increase in the under-5 population over the next 20 years.

- 24% of mothers giving birth in hospitals providing care in the north of the county smoke at the time of delivery. This is well above the national and regional average of around 15%. Research evidence shows that smoking in pregnancy is associated with low birth weight and higher infant mortality rates.

- In 2007, 621 babies were born with a low birth weight, representing 7.2% of all births. Mansfield and Ashfield have a significantly higher proportion of low birth weight births (9.2% and 8.3% respectively) than, for example, Broxtowe (5.6%). The proportion of low birth weight babies increases with deprivation levels in the county. Across Nottinghamshire County in 2007, the proportion was not significantly different from East Midlands and England rates.

- The numbers of women who initiate breast feeding is high (over 75% in NHS Nottinghamshire County, approximately 63% in NHS Bassetlaw) but a large proportion of mothers stop breast feeding within 6 – 8 weeks of the birth of their child, with less than 40% continuing at this stage.

- There is extremely low uptake of available vouchers to buy fresh fruit and vegetables and free vitamin supplements (for mother and baby) by those who are eligible for them. It is well established that poor maternal and infant nutrition affects long term health outcomes.

2.2 Disability (last updated September 2010)

- The national picture indicates that more children and young people with profound disabilities and long-term conditions are living longer and surviving into adulthood.

- Information on the numbers of children and young people with specific disabilities/long-term conditions can be difficult to access as it is collected and held by individual services and practitioners, is often out of date and is not routinely shared.

- Applying prevalence data from national studies and elsewhere to local populations in Nottinghamshire, it is estimated that at any one time there will be:

    - 70 children/young people with Cystic Fibrosis
    - 70 children/young people with Sickle Cell Disease
    - 240 children/young people with Crohn's Disease
    - 360 children/young people with Diabetes Mellitus
    - 280 children/young people with a neoplasm such as leukaemia
    - 10,690 with asthma characterised by persistent episodes of wheezing

- Parental satisfaction with services for disabled children in Nottinghamshire is good overall (National Indicator 54). The lowest area of satisfaction is with accessible feedback and complaints procedures.

2.3 Health of looked after children (last updated September 2010)

- In line with national data, looked after children in Nottinghamshire experience poorer health, with higher levels of physical, emotional and mental ill-health. High rates of substance misuse are reported, but pregnancy rates are low for looked after children and young people.

- Immunisation rates for looked after children are lower than the average for Nottinghamshire but access to primary care services is good.

- It is difficult to assess whether a range of health outcomes are improving for looked after children since there is a lack of robust trend data.

2.4 Childhood vaccination and immunisation (last updated September 2013)

- Childhood immunisation rates have continued to improve across Nottinghamshire. In 2012 (former) NHS Nottinghamshire County's rates of immunisation saw improvement and were above the national average for all vaccination levels in 2011/12. (Former) NHS Bassetlaw's rates of immunisation were also above the national average for all vaccination levels apart from the second measles, mumps and rubella (MMR) vaccination and pre-school booster.

- Uptake of MMR vaccine needs to improve from the 2011/12 level of 88.2% (NHS Nottinghamshire County) and 77.8% (NHS Bassetlaw) to 95% to provide 'herd immunity' in the population.

- Nationally, there is strong evidence that some groups of children are at risk of not being fully immunised. These children include those who have missed previous vaccinations (as a result of parental choice or otherwise); looked after children; those with physical or learning disabilities; children of teenage or lone parents; those not registered with a GP; younger children from large families; children who are hospitalised or have a chronic illness; those from some ethnic groups; those from non-English speaking families; and vulnerable children, such as gypsy, Roma and traveller children, asylum seekers or those who are homeless.

2.5 Child oral health (last updated September 2010)

- In Nottinghamshire the levels of dental caries in five year olds are lower than the national average in all areas except Broxtowe and Gedling.

- There is strong evidence of the positive impact of water fluoridation on the decay levels in young children in Nottinghamshire. The levels of dental decay in the three areas with water fluoridation – Ashfield, Bassetlaw and Mansfield - are significantly lower than the national average, despite high levels of deprivation in those areas.

2.6 Emotional health and well-being (last updated September 2010)

- "…If you do just one thing, get those who know what they are doing to work better together." Parent - National Child & Adolescent Mental Health Review, 2009.

- There is evidence that the emotional health & well-being of children and young people has deteriorated significantly over the past 25 years[1,2].

- Research shows that risk factors affecting emotional health include physical illness or disability, family circumstances, socio-economic issues (such as poverty) and traumatic life events.

- Issues related to socio-economic deprivation across the county result in clearly differentiated levels of need and prevalence of emotional and mental health problems, with more deprived areas generally having higher risk factors such as unemployment and substance misuse.

[1]Collishaw, Maughan, Goodman and Pickles. 2004. Time trends in adolescent mental health. Journal of Child Psychology and Psychiatry 45:350–62.
[2] World Health Organisation (WHO) (2004) - WHO Mental Health Survey Consortium; Prevalence, severity and unmet need for treatment of mental disorders in the WHO Mental Health Surveys. Journal of the American Medical Association.291(21) 2581-90

2.7 Teenage pregnancy (last updated September 2010)

- Nottinghamshire has achieved an overall reduction in teenage conceptions of 13.6% from the 1998 baseline. However, this masks variances in reduction across wards and districts in Nottinghamshire.

- Ashfield (30.4%) and Gedling (26.3%) have had the greatest reductions in under-18 conceptions since the 1998 baseline. Ashfield is the only district that has had a significant reduction in under-16 conceptions.

- Mansfield district has the highest under-18 conception rate (48.8 per 1000 15-17 year old females) and the most hotspot wards (six).

- Terminations of pregnancy rates are similar in Nottinghamshire to other comparative areas. Of the 588 under-18 conceptions in 2008, 48% led to a termination.

2.8 Hospital admissions (last updated September 2010)

- The emergency admission rate is significantly lower than the national average for NHS Nottinghamshire County and is significantly higher for NHS Bassetlaw. Compared to PCT peers, Nottinghamshire County PCT has one of the lowest emergency admission rates.

- Within Nottinghamshire, emergency admission rates are significantly higher than the national average for Bassetlaw and Mansfield. Gedling has the lowest rate.

- There is a clear relationship between deprivation and emergency admissions, with more deprived areas showing higher rates of admission. This reflects differences in health need, the quality of existing services, knowledge of services and access to primary care.

- For elective admissions, there are high rates of admission for young people aged 15-19. There is no clear relationship between elective admissions and deprivation.

3. Lifestyles

3.1 Obesity in children (last updated September 2010)

- Participation in the National Child Measurement Programme in Nottinghamshire has grown over the past three years and remains above the 85% Department of Health target.

- In Reception year, over one in five children in Nottinghamshire are either overweight or obese. By Year 6, the rate is almost one in three, similar to the national figure.

- In local Year 6 aged children, the prevalence of obesity is significantly higher in boys than girls (19.6% and 15.5% respectively). Nationally, 20% of boys and 16.5% of girls are obese at this age.

- 21% of Nottinghamshire young people aged 11-18 years say they never play sport or do any physical activity. In Ashfield, this figure is 33%, the highest in the county (Tellus 4 Survey).

- 22% of local children and young people eat five or more portions of fruit and vegetables a day, above statistical neighbours (18%) and the national average (19%) (Tellus 4 Survey).

3.2 Tobacco control (last updated September 2013)

- Smoking has a life course impact on the individual; from mothers smoking whilst pregnant, to exposure of second-hand smoke during childhood; to experimentation and initiation of smoking during adolescence; to becoming an established smoker in adulthood.

- The cost of smoking to the individual and to society is great in terms of health, wellbeing and finance.

- Currently in Nottinghamshire, smoking prevalence data for 15 year olds is based on estimates suggesting that 1,000 15 year olds in the county smoke regularly (based on a national prevalence rate of 11%).

- In Nottinghamshire it is estimated that over 30,000 children up to the age of 15 live in a household that is not smoke-free. Second-hand smoke exposure can not only cause health problems for children, but smoking in the home also increases the likelihood of the child taking up smoking in later life.

- Research evidence shows that smoking in pregnancy is associated with low birth weight and higher infant mortality rates. In Nottinghamshire, smoking status at time of delivery rates are significantly higher than the England and regional average.

- In Nottinghamshire, access to services and success rates are lower amongst under-18 year olds and in pregnant smokers, in particular those referred into stop smoking services.

3.3 Substance misuse (last updated September 2013)

- The overall picture of substance misuse service for Nottinghamshire is encouraging - both services that were reviewed in drafting the needs assessment (Face It and Head 2 Head) had significant strengths.

- The majority of referrals come from criminal justice agencies such as youth offending teams, but also from schools and parents. The complexity of individuals' lives in which substance misuse interventions play a significant part is a recurrent feature.

- Young women, Asian and problematic alcohol users appear to be under-represented in treatment and Black and Mixed race young people appear to be over-represented.

- The successful transition from young people's services to those for adults with substance misuse needs is not transparent enough to identify unsuccessful transfers, or those that are 'lost' in the transition between young people and adult services.

- The improvement in early and preventative interventions, and in treatment approaches evident from the two services reviewed, suggests that once referral has taken place there are a range of interventions and treatment support that are tailored to need and the stage of the young person's recovery journey.

3.4 Sexual health (last updated September 2010)

- NHS Nottinghamshire County and NHS Bassetlaw met the national Chlamydia screening target (25%) for 2009/10. Both Primary Care Trusts achieved a 25.1% take up of Chlamydia Screening amongst 15-24 year olds.

- Nottinghamshire has a higher percentage of positive Chlamydia test results than the national average.

3.5 Participation in the community and in recreation (last updated March 2013)

- In 2012/13, Nottinghamshire County Council's Young People's Service worked with in excess of 28,000 young people who attended provision more than 265,000 times.

- Nottinghamshire operates one of the largest Duke of Edinburgh award schemes in the country.

- 16% of Nottinghamshire residents perceived groups of teenagers hanging around on the streets as a problem in 2012, down from 46% in 2008.

- In 2012/13, on average targets for County Council play provision were exceeded by 10% across the county.

- In 2013, over 18,000 young people voted in the UK Youth Parliament elections which selected eight young people from 45 candidates.

- According to the 2010 ICM survey, 8% of Nottinghamshire 11-18 year olds took part in arts/cultural activities at least once a week; 6% did so once or twice a month, and 14% participated once every few months or less.

3.6 Library usage (last updated March 2013)

- 61,685 children and young people actively used their local library in 2011, 40% of the total library using population in the county. 53,666 were aged 0-13 and 8,019 were aged 14-19.

- In the last Children's Public User Survey in 2010, 89.0% of under-16s who use a library rated their library as 'good' and only 0.1% as 'bad'.

- In the same survey, over half of library users under 16 said using their library helped them to read better and learn new things, and more than a third said it helped them to do better at school.

- Nottinghamshire libraries helped 9,000 children aged 4-12 maintain and develop their reading skills during the long summer holiday by taking part in the 2012 Summer Reading Challenge.

4 Education and Attainment

4.1 Early years (last updated March 2013)

- 64.2% of Nottinghamshire pupils achieved a good level of development in the Early Years Foundation Stage in 2011/12, in line with the national figure.

- The rate of improvement in Nottinghamshire between 2009/10 and 2011/12 was 11 percentage points, compared to the national rate of 8 percentage points. The county ranked 51st out of 152 local authorities, compared to 99th in 2009/10.

- The 2011/12 gap in Nottinghamshire between the lowest achieving 20% of pupils and the rest was 29.7%, slightly better than the national figure (30.1%) but below the statistical neighbour average (28.9%).

- Between September 2011 and August 2012 there were nearly 26,000 children registered with children's centres in Nottinghamshire and around 20,000 were seen. In 2011/12, 73% of the focused[3] population were registered with a children's centre and 51% had been seen.

- In 2011, the average hourly rate for childcare in the county (£3.48) was 30% of the average hourly wage in the county (£11.72). In Mansfield this figure was 33% and in Rushcliffe 27%.

4.2 School attendance (last updated March 2013)

- Overall absence in primary, secondary and special schools in Nottinghamshire has been on a downward trend since 2003, in line with statistical and regional neighbours and the national average.

- Absence rates in Nottinghamshire (2011/12) stand at 5.0% (4.0% authorised and 1.0% unauthorised), a reduction on the previous year. Persistent absence rates are slightly better than the national average (4.9% compared to 5.2%).

[3] The number of children aged 0-4 who are registered at a children's centre and who are living in each lower super output area (LSOA) with an IDACI score of 0.14 and above, expressed as a percentage of all children aged 0-4 living within each LSOA. The data is collated per children's centre designated area and is a snapshot each quarter.

- While authorised absence in primary schools has shown a downward trend since 2003, the percentage of half days missed through unauthorised absence has risen, though this reflects the national picture.

- Authorised absence in secondary schools has shown a downward trend since 2003 and the percentage of half days missed through unauthorised absence has returned to its 2003 level after having increased in recent years alongside the national trend.

4.3 School exclusions (last updated March 2013)

- In Nottinghamshire in 2011/12, there were 122 permanent exclusions from schools, which represents 11 pupils in every 10,000, a slight increase on the previous year (12 more permanent exclusions).

- There were 5,407 fixed period exclusions in 2011/12 (470 pupils in every 10,000), an increase of 537 exclusions on the previous year.

- The permanent exclusion rate for boys in the county is 3.2 times higher than for girls and the fixed period exclusion rate is 2.4 times higher.

- Pupils eligible for free school meals in Nottinghamshire are 5.1 times more likely to be permanently excluded and 3.3 times more likely to receive a fixed period exclusion than their peers. SEN pupils are 31.2 times more likely to be permanently excluded than the rest of the school population.

- The highest rates of exclusion are in the 13-15 age range (67% of all school exclusions) and the most common reason for exclusion is persistent disruptive behaviour (45% of all exclusions).

4.4 Quality of education provision (last updated March 2013)

- In 2011/12, there were 11 Nottinghamshire schools where fewer than 60% of pupils achieved Level 4 or above in both English and mathematics at Key Stage 2. This is a decrease from 19 in 2010/11.

- In 2011/12, there were three schools in which fewer than 40% of pupils achieved five or more A*-C grades at GCSE. This represents a positive downward trend since 2008, when there were 20 schools at this level.

- 71% of all Nottinghamshire schools were graded as good or outstanding for overall effectiveness as at 31 August 2012, just above the national average (70%). 3% of schools were classed as inadequate as at 31 August 2012, exactly in line with the national average.

- 91% of all Nottinghamshire schools were graded as good or outstanding for behaviour as at 31 August 2012, just above the national average (90%). 1% were inadequate, exactly in line with the national average.

- Average class sizes at Key Stage 1 in 2012 were 26.2 pupils, and at Key Stage 2 they were 27.0 pupils.

4.5 Educational attainment (last updated March 2013)

- At Key Stage 1 in 2011/12, Nottinghamshire pupils scored at or above the national average and ranked moderately against statistical neighbours at both Level 2 and Level 3.

- At Key Stage 2 in 2011/12, pupils were above the national average and ranked third out of 11 statistical neighbours at Level 4 English and mathematics.

- At Key Stage 3 in 2011/12, performance increased in English, mathematics and science on the previous year, with Nottinghamshire achieving at or above the national average at both Levels 5 and 6.

- At Key Stage 4 in 2011/12, 60.6% of pupils achieved 5+ A*-C GCSE grades including English and mathematics, above the national average for the first time since the measure was introduced in 2006.

- The achievement gap between pupils eligible for free school meals and their peers at Key Stage 4 has reduced for the second year in a row. However, the achievement gap for SEN/non-SEN pupils has increased slightly since last year.

- At Key Stage 5, attainment in Nottinghamshire at A level is currently below the England average and has been for several years.

- There is a substantial gap between educational outcomes for looked after children and the rest of the young population both locally and nationally.

4.6 Educated otherwise than at school (last updated September 2013)

- As of April 2013, around 500 children and young people on the local authority roll were listed as being educated otherwise than at school, including those at the Nottinghamshire Learning Centre.

- In the eight months between September 2012 and April 2013, 106 Nottinghamshire pupils received direct health related education provision, the vast majority of secondary school age.

- As at June 2012, there were 342 open and active elective home education (EHE) cases in Nottinghamshire. The most popular reason given by parents for EHE was that it is their preferred education route, but nearly a quarter stated they chose EHE as a result of conflict with the school that their child had been attending.

4.7 Young people not in education, employment or training (last updated March 2013)

- Despite the prevailing challenges with the economy and its particular impact on young people, the proportion of young people who are not in education, employment or training (NEET) has remained low in Nottinghamshire.

- However, since April 2012 the proportion of young people whose status is not known has been on the increase and there has also been a reduction in the numbers of young people registering as NEET.

- Nottinghamshire's performance compares favourably against England, regional and statistical neighbour averages for both NEET and 'not known'.

- Mansfield, Ashfield and Bassetlaw have NEET levels above the county average, as well as some wards in other boroughs/districts.

- In recent years there has been a steady increase in the number of young people entering learning after Year 11 in Nottinghamshire, but the proportion fell in 2012 and there continues to be a problem with drop out rates between Year 12 and Year 13.

- Teenage mothers, young people with learning difficulties and disabilities, looked after children and care leavers, and young people linked with the Youth Offending Service are of particular concern in relation to NEET.

4.8 Skills levels (last updated September 2013)

- The percentage of Nottinghamshire young people who attain the equivalent of two A-levels (Level 3) by age 19 has increased gradually in recent years but remains below the national average.

- The inequality gap between the attainment of students from poor backgrounds compared to those from more affluent ones remains wide and worse than the national average in Level 2 and Level 3 by age 19.

- Less than half of learners eligible for free school meals at age 15 are subsequently recruited into school sixth forms. The impact of the pupil premium in providing additional support for these learners has yet to be seen.

- Since its peak in April 2010, youth unemployment has been falling, but it remains higher locally than the percentage in the region and nationally.

- It is estimated that 5.9% of young people in Nottinghamshire of academic age 16 and 17 are currently participating in an apprenticeship. This is above the regional figure and nearly twice the national figure.

5 Safety

5.1 Safeguarding children (last updated March 2013)

- The volume of referrals to Children's Social Care in 2011/12 decreased by 21% from 2010/11 but remained above 2007/08 levels, and the percentage of re-referrals decreased by 29%.

- The number of initial assessments decreased between 2010/11 and 2011/12 by 6%, and the total number of core assessments completed during 2011/12 more than doubled.

- The volume of Section 47 enquiries initiated during 2011/12 rose by 17% compared with the previous year.

- During 2011/12, there were 901 children who were the subject of a child protection plan (CPP), which represented a slight drop in the rate per 10,000 population on the previous year, but there has been an overall upward trend both locally and nationally since 2001/02.

- The most common single reason children were the subject of a CPP was neglect (30.4% of cases). However, multiple categories of abuse made up over a third of cases (38.5%).

- Around 8% of children with CPPs in 2011/12 were from a black and minority ethnic background, and nearly a third of all children with CPPs were in the 1-4 age range.

5.2 Child sexual exploitation[4] (last updated September 2013)

- During 2012, Nottinghamshire Police investigated 129 cases of child sexual exploitation (CSE), as well as 71 cases of grooming and four cases of trafficking (data is across Nottingham City and Nottinghamshire County).

- The number of cases categorised as being linked to CSE has increased dramatically over the last couple of years, and the number of grooming cases has also risen.

- Any child is potentially at risk of being sexually exploited, but some children are more vulnerable than others, such as those who go missing from home or care; where there are bullying or gang links; or where there are family difficulties such as parental domestic violence, mental health issues or drug and alcohol misuse.

- During 2012/13, Nottinghamshire County Council held 73 strategy meetings in relation to 34 children who were either at risk of, or were being, sexually exploited.

- National research would indicate that we have a gap in our understanding of the scale of the problem of CSE in Nottinghamshire. It is likely as resources become more available that the numbers of children who are referred to services may increase.

- At present in the county, there are no specialist resources targeted at young people who are at risk of, or experiencing, CSE, particularly from a therapeutic perspective.

[4] Police data in this section includes both Nottingham City and Nottinghamshire County cases.

- There is a cross-authority multi-agency group working to further improve the identification and response to those children and young people who are at risk of, or are being, sexually exploited. The group is also looking at the strategic developments required, such as consideration of a multi-agency co-located approach to CSE.

5.3 Missing children (last updated September 2013)

- There have been significant developments in Nottinghamshire's response to missing children over the last two years. There are close strategic and operational links, in particular with the police, but also with other agencies.

- There has been a 6% decrease in missing notifications between 2011/12 and 2012/13, which equals a reduction of 10% of children and young people going missing (from 863 children to 776).

- The number of children who have gone missing a second time has also decreased substantially, as has the number of children who have gone missing repeatedly five or more times.

- The gender of Nottinghamshire children and young people going missing is 50:50 and the age peaks at 15, but spreads across a range of 12-17.

- Children who go missing from care are a particularly vulnerable group, especially those who are living a distance from their home.

- Children who go missing are offered a return interview. In 2012/13, 53% of return interviews were completed (513 out of the 972 required); others were refused, not completed or advice was given.

- The reasons children and young people go missing are varied, but overwhelmingly the relationship between the young person and the parent is mentioned, as well as disagreements about boundaries. School-based issues, drug or alcohol problems and mental or emotional health factors also feature.

- Data indicates that the risk of sexual exploitation or associating with an adult who may pose a risk is present for a number of Nottinghamshire young people.

5.4 Looked after children (last updated March 2013)

- There were 891 looked after children (LAC) in Nottinghamshire at the end of February 2013, an increase from 792 the previous February.

- The majority of LAC in Nottinghamshire are placed into foster care (76% as of February 2013) and the highest proportion are from Ashfield, Mansfield and Bassetlaw.

- 15% of Nottinghamshire LAC were adopted during the year ending 31 March 2012, which compared favourably to the national average (13%).

- Whilst recent years have seen some improvement in LAC educational outcomes, there is a substantial gap (both locally and nationally) between LAC attainment and the rest of the young population.

- In terms of special educational needs (SEN), nearly three quarters (73.9%) of the school aged LAC who had been looked after continuously for at least 12 months had some kind of SEN, slightly higher than the national figure of 71.5%.

- In 2012, 81% of children looked after for at least 12 months had immunisations which were up to date, 71% had had their teeth checked by a dentist and 89% had received their annual health assessment.

- Half (49%) of LAC had a normal emotional health score and over a third (38%) were a cause for concern, generally in line with the national average.

- 7.8% of children who had been continuously looked after for at least 12 months were convicted or subject to a final reprimand or warning in 2011/12. This represents a reduction on previous years but is above the national average (6.9%).

- 5.4% of children who had been looked after continuously for at least 12 months were identified as having a substance misuse problem during 2011/12, a reduction on previous years but above the national average (4.1%).

5.5 Recorded crimes committed against children (last updated March 2013)

- The rate of recorded crimes committed against children in Nottinghamshire reduced by 40% between 2008/09 and 2011/12. Mansfield has the highest levels of crimes against children in the county, followed by Ashfield.

- The highest numbers of crimes are committed against the 16-17 age group and nearly half (49%) of offences against children under 18 are committed by a stranger.

- Whilst the levels of crimes against children are in overall decline, the levels of crimes which have alcohol as a contributing factor display an upward trend.

- The number of sexual crimes against children in Nottinghamshire decreased by 10.7% between 2011 and 2012. The highest number of crimes in 2012 occurred in Ashfield and Mansfield and the lowest in Rushcliffe.

- The number of hate crime incidents against children and young people reported to the police is relatively low in Nottinghamshire - 87 offences in 2012. The majority of these were racial offences, with the 15-19 age group experiencing the highest level of victimisation.

5.6 Domestic violence (last updated March 2013)

- There were 9,991 incidents of domestic abuse or violence reported to Nottinghamshire Police by Nottinghamshire residents in the year to December

2012. 4,110 of these incidents were recorded as crimes. The districts showing the highest volumes of domestic violence are Ashfield and Mansfield and the lowest is Rushcliffe.

- Actual prevalence is much higher - estimated using anonymous survey results as affecting between 16,030 and 25,190 female victims in any one year in Nottinghamshire.

- 131 safeguarding referrals to Nottinghamshire Children's Social Care were started on average each month between October 2011 and September 2012, where concerns were identified about the risk of domestic violence to the child or young person, 24% of all child referrals.

- 496 Nottinghamshire children were the subject of a Child Protection Plan in September 2012 where there were concerns about domestic violence, 61.8% of all the children who were the subject of a Child Protection Plan.

- 685 children were living in households discussed at Nottinghamshire multi-agency risk assessment conferences in the year to December 2012 (this means that the domestic violence taking place in their home is assessed to be high risk and therefore potentially life threatening).

5.7 Interventions with families (last updated March 2013)

- Over 800 Common Assessment Frameworks (CAFs) were logged in the county between April 2012 and December 2012, similar to the same period in 2011. The highest numbers were in Mansfield (165), Bassetlaw (135) and Ashfield (124).

- 59% of CAFs undertaken between April 2012 and December 2012 were for males. The 12-16 age group had the highest proportion (35%), followed by 0-4s (28%) and 5-11s (27%).

- The number of new cases for discussion by Joint Access Teams has decreased from 529 between April 2011 and December 2011 to 239 during the same period in 2012. Head teachers have reported they are more confident in knowing where to access support and are increasingly referring directly to relevant services.

- 105 referrals were made to the Family Resource Service (children aged 8-18) between January and June 2012.

- There are an estimated 1,580 'troubled families' in Nottinghamshire. 543 have been identified in Year One of the Supporting Families Programme, 244 have been contacted and 206 are engaged on the Programme (as at 31 December 2012).

5.8 Youth justice (last updated March 2013)

- The number of first time entrants aged 10-17 into the youth justice system continues to maintain a downward trend, with a 62% drop in 2011-12 compared to 2007-08.

- Between April 2011 and March 2012, 29.2% of young people re-offended compared to 30.4% in the previous year.

- Between January and December 2011, there were 1,390 young people in the youth justice system. 79.6% were boys and 20.4% girls.

- The majority of offences committed by children and young people (both boys and girls) within Nottinghamshire were violence (28.3%) and theft (22.5%).

- There has been considerable progress in reducing the rate of young people who have experienced custody – down from 0.63 per 1,000 10-17 year olds in 2009/10 to 0.42 in 2011/12.

5.9 Bullying and e-safety (last updated September 2013)

- The rapid development of, and widespread access to, technology has provided a new medium for bullying which can take place both in and out of school. With an increasing emphasis on mobile technology, the old message of keeping the computer in a family room is largely redundant.

- In a survey in February 2013 of 5,000 Nottinghamshire young people, around 80% said they own a mobile phone that could go online. 74% use social networks (a significant number under the recommended age of 13) chat rooms and virtual worlds.

- In terms of e-safety education, respondents to the survey said they had mostly been taught in schools and by parents. When asked how good the education they had received was, 38% said it was very good, 51% said it was quite good, 6% said it was not good enough and 4% said it was useless.

- 22% of respondents said they had been cyber-bullied, but rates are higher in vulnerable groups and among girls. Online experiences rated with the most severe impact were 'Humiliating photos of you deliberately sent around to upset you, laugh at or embarrass you' and 'Bullying carried on from your life in school'.

- The use of games consoles online continues to demonstrate a high level of unpleasant behaviour for those playing multi-player games and communicating directly with other players.

- Of those who were cyber-bullied, 63% told someone; of those who did tell someone, 53% got help to stop it. For 21% of those who sought help, the problem either stayed the same or got worse. For a further 8% it happened 'a bit less'. Only 50% of those who sought help were successful.

- Groups more vulnerable to e-safety issues and cyber-bullying include looked after children (LAC), young carers, children with special educational needs and those who need help with English. For example, 44% of young carers reported being asked by a stranger to meet up and 40% of LAC said they experienced unwanted sexual suggestions, jokes or threats online.

- Young people who are singled out for homophobic bullying in cyberspace talk of it happening every day or many times each day. This is an intensive and severe experience. Vulnerable young people from the groups above experience more homophobic bullying than their peers, which suggests that this behaviour is a proxy for disablist bullying or prejudice-driven behaviour towards people in care.

5.10 Road safety (last updated September 2010)

- Child road casualties in Nottinghamshire have shown a consistent reduction over the last five years, ahead of national targets.

- Whilst the casualties by age group and district vary year on year, there appears to be a consistent slightly higher casualty rate in Ashfield and Mansfield, the more urban areas of the county.

- Proportionally, the highest number of killed and serious injury (KSI) casualties were to 16-17 year old motor cycle riders/passengers (41% of all 16-17 year old KSI casualties). The second highest group of concern is 11-15 year old pedestrians, who were involved in over half of all pedestrian KSIs to under-18 year olds.

- Of approximately 100,000 school age children, only around 15 are involved in accidents of any severity outside schools per year.

5.11 Homelessness and supported accommodation (last updated March 2013)

- The number of statutory homeless applications and acceptances reduced significantly at both a national and local level between 2003 and 2009, but since then numbers have been increasing.

- The Nottinghamshire Youth Homelessness Strategy estimated that there were 289 young people aged 16-24 accepted as being homeless, in priority need and owed a full duty in 2010/11, around 10% of whom were aged 16 or 17.

- In 2011/12, 408 people (all ages) were accepted as being homeless and in priority need in Nottinghamshire (age breakdowns not known, nor how many were families with dependent children). In the first half of 2012/13, there were 264 acceptances (April to September 2012).

- The number of 16/17 year olds entering short term accommodation based Supporting People services remained at a similar level between 2003 and 2011, but the number of young people aged 18-24 entering Supporting People services has continued to rise.

- The 2011 Homeless Watch survey of Nottinghamshire and Nottingham City found that children recorded as homeless as a proportion of adult presentations was at its highest since 2007. 0-4 year olds comprised almost half, and under-10s three quarters, of the children reported as dependents of adults presenting as homeless.

JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE

Children and Young People

1. Population and Demography

Contents **Page**

1.1 Current population (last updated March 2013)

Key Messages

1. There are around 180,700 children and young people aged 0-19 in the county, a reduction of 0.5% since the 2001 census.

2. In comparison, the England and Wales 0-19 population increased by 3%, due to both migration and birth rate.

There are approximately 180,700 children and young people aged 0-19 years in the county (Tables 1.1.1 & 1.1.4 and Figures 1.1.2 & 1.1.3), according to 2011 mid-year estimates based on the 2011 census. This represents a reduction of 0.5% since the 2001 census. In comparison, the England and Wales 0-19 population increased by 3.3%, due to both migration and birth rate. Children & young people (0-19) make up around 23.0% of the county's population.

Numbers are similar across each district/borough. The difference between the most populous (Ashfield) and the least populous (Broxtowe) is only 4,700 children and young people, and there are slightly more boys than girls in the county (+4,500). The biggest increase in 0-19 year olds since the 2001 census has taken place in Ashfield (+3.3%), with the largest decrease being in Broxtowe (-4.6%).

The most populous age group is 15-19 (26.6%), followed by 10-14 (25.1%), and the lowest is the 5-9 age range (23.3%). These proportions are generally reflected in districts/boroughs across the county, with minor fluctuations. Nottinghamshire's 0-4 and 15-19 age groups have both increased by around a tenth since the 2001 census, while the 5-9's and 10-14's have decreased by a similar amount[1]. This is in line with the national picture.

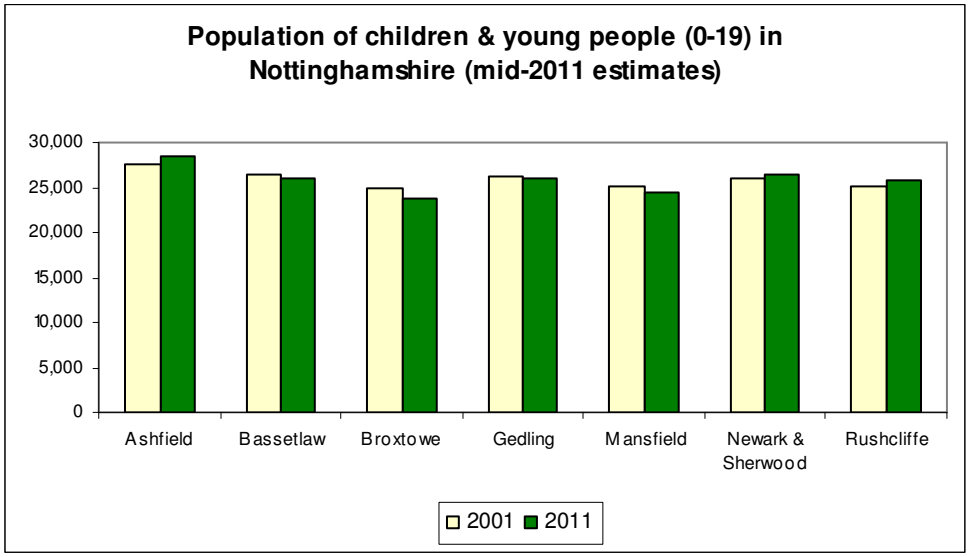
Table 1.1.1 Total county population of 0-19 year olds (2011)

Mid-2011 population estimates			
	Total 0-19 year olds	**Male 0-19 year olds**	**Female 0-19 year olds**
Ashfield	28,500	14,500	14,100
Bassetlaw	26,000	13,300	12,700
Broxtowe	23,800	12,300	11,600
Gedling	25,900	13,500	12,600
Mansfield	24,400	12,300	11,900
Newark & Sherwood	26,500	13,500	12,900
Rushcliffe	25,800	13,300	12,500
Nottinghamshire	**180,700**	**92,600**	**88,100**

Source: Office for National Statistics, 2013 (Figures may not sum due to rounding)

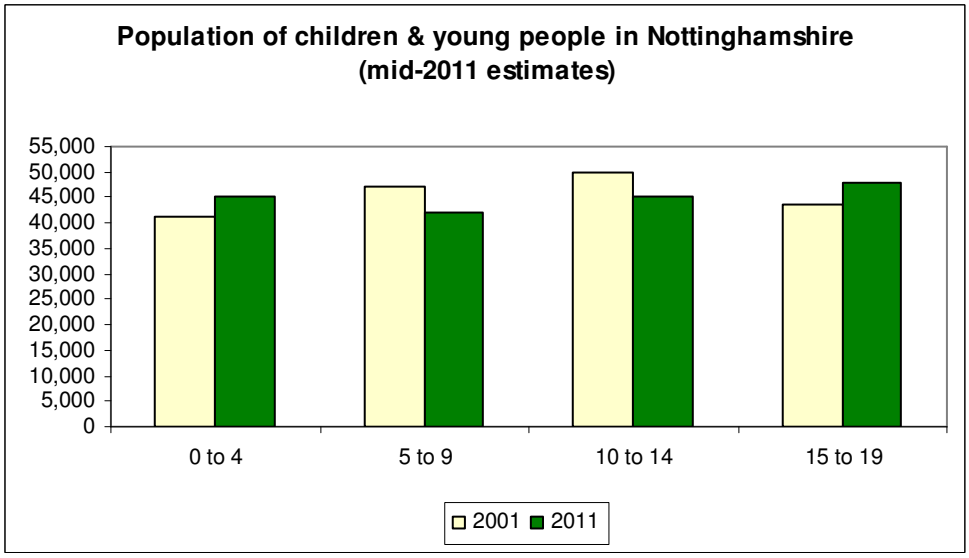
[1] 0-4 = +9.7%; 5-9 = -10.6%; 10-14 = -9.1%; 15-19 = +10.8%

Figure 1.1.2



Source: Office for National Statistics, 2013

Figure 1.1.3



Source: Office for National Statistics, 2013

Table 1.1.4 County population of 0-19 year olds by age group (2011)

Mid-2011 population estimates				
	Age	**Persons**	**Males**	**Females**
Ashfield	0-4	7,300	3,700	3,700
	5-9	6,700	3,400	3,300
	10-14	7,100	3,600	3,500
	15-19	7,400	3,800	3,600
Bassetlaw	0-4	6,200	3,100	3,000
	5-9	5,900	3,000	2,900
	10-14	6,700	3,500	3,300
	15-19	7,200	3,700	3,500
Broxtowe	0-4	6,200	3,300	3,000
	5-9	5,400	2,700	2,700
	10-14	5,800	3,000	2,800
	15-19	6,400	3,300	3,100
Gedling	0-4	6,400	3,400	3,100
	5-9	6,000	3,100	2,900
	10-14	6,500	3,400	3,200
	15-19	7,000	3,600	3,400
Mansfield	0-4	6,500	3,200	3,200
	5-9	5,500	2,900	2,700
	10-14	5,800	2,900	2,800
	15-19	6,600	3,300	3,200
Newark and Sherwood	0-4	6,400	3,200	3,100
	5-9	6,300	3,200	3,100
	10-14	6,800	3,500	3,300
	15-19	7,000	3,600	3,400
Rushcliffe	0-4	6,300	3,200	3,200
	5-9	6,300	3,300	3,000
	10-14	6,600	3,400	3,200
	15-19	6,600	3,400	3,100
Nottinghamshire	0-4	45,200	23,000	22,200
	5-9	42,100	21,600	20,500
	10-14	45,300	23,200	22,100
	15-19	48,100	24,800	23,300

Source: Office for National Statistics, 2013 (Figures may not sum due to rounding)

1.2 Projected population (last updated March 2013)

Key Messages

1. The 0-19 population is set to increase by 3.5% on average across the county by 2021, lower than the national forecast of 7.9%.

2. The largest growth is forecast in the 5-9 population (+17%).

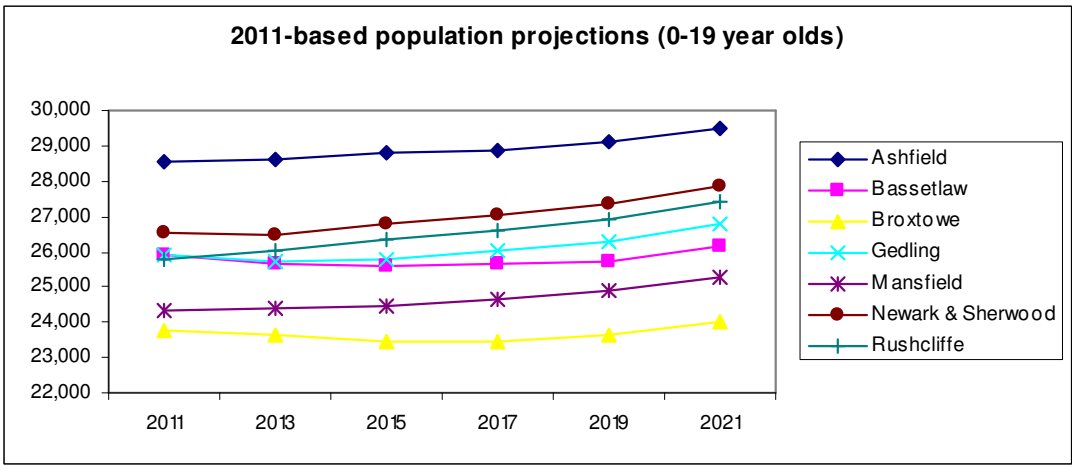
The 0-19 population is set to increase on average across the county by 3.5% (Table 1.2.1 and Figure 1.2.2) over the next ten years, with the highest projected increases in Rushcliffe (6.4%) and Newark & Sherwood (5.0%), and the lowest in Bassetlaw (0.9%) and Broxtowe (1.0%). The largest growth is expected to take place in the 5-9 population (Table 1.2.3 and Figure 1.2.4), which is set to increase by 17.3% by 2021, and the 15-19 population looks likely to decrease over the same period by 11.7%. The national forecast for the 0-19 population is a rise of 7.9%.

Table 1.2.1 Mid-2011-based population projections (0-19 year olds) by district

	2011	2013	2015	2017	2019	2021	% change 2011-2021
Ashfield	28,526	28,608	28,785	28,886	29,088	29,481	+3.3%
Bassetlaw	25,906	25,669	25,561	25,623	25,747	26,135	+0.9%
Broxtowe	23,774	23,613	23,436	23,463	23,626	24,014	+1.0%
Gedling	25,890	25,716	25,811	26,041	26,310	26,767	+3.4%
Mansfield	24,317	24,366	24,485	24,637	24,883	25,273	+3.9%
Newark and Sherwood	26,526	26,498	26,770	27,048	27,384	27,853	+5.0%
Rushcliffe	25,795	26,048	26,317	26,603	26,927	27,446	+6.4%
Nottinghamshire	**180,734**	**180,517**	**181,165**	**182,301**	**183,965**	**186,970**	**+3.5%**

Source: Office for National Statistics, 2013

Figure 1.2.2



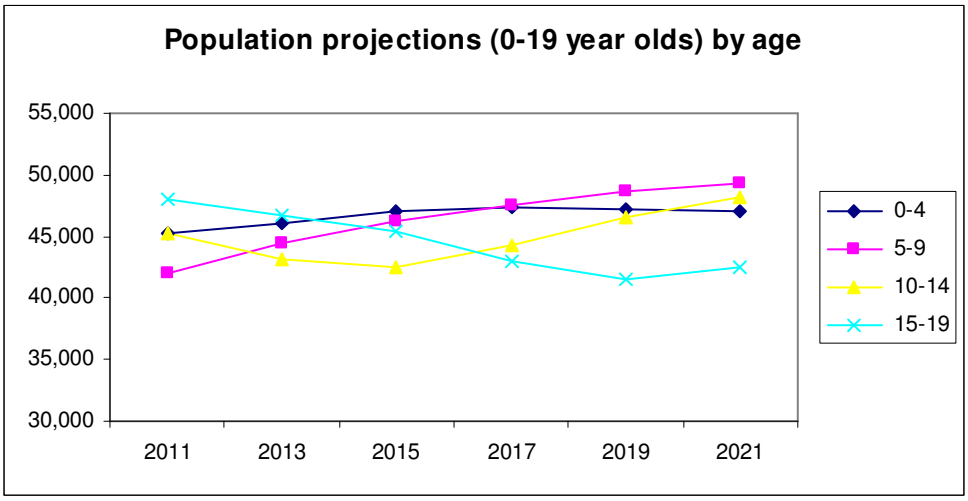
Source: Office for National Statistics, 2013

Table 1.2.3 Mid-2011-based population projections by age in Nottinghamshire

	2011	2013	2015	2017	2019	2021	% change 2011-2021
0-4	45,265	46,141	47,105	47,399	47,206	46,972	+3.8%
5-9	42,078	44,438	46,279	47,576	48,625	49,353	+17.3%
10-14	45,334	43,162	42,424	44,347	46,587	48,221	+6.4%
15-19	48,057	46,775	45,357	42,978	41,547	42,425	-11.7%

Source: Office for National Statistics, 2013 (Figures may not sum due to rounding)

Figure 1.2.4



Source: Office for National Statistics, 2013

1.3 Ethnicity (last updated September 2013)

Key Messages

1. According to the 2011 Census, Nottinghamshire has a population of around 13,000 black and minority ethnic (BME) 0-19 year olds, which equates to 7.2% of the total 0-19 population.

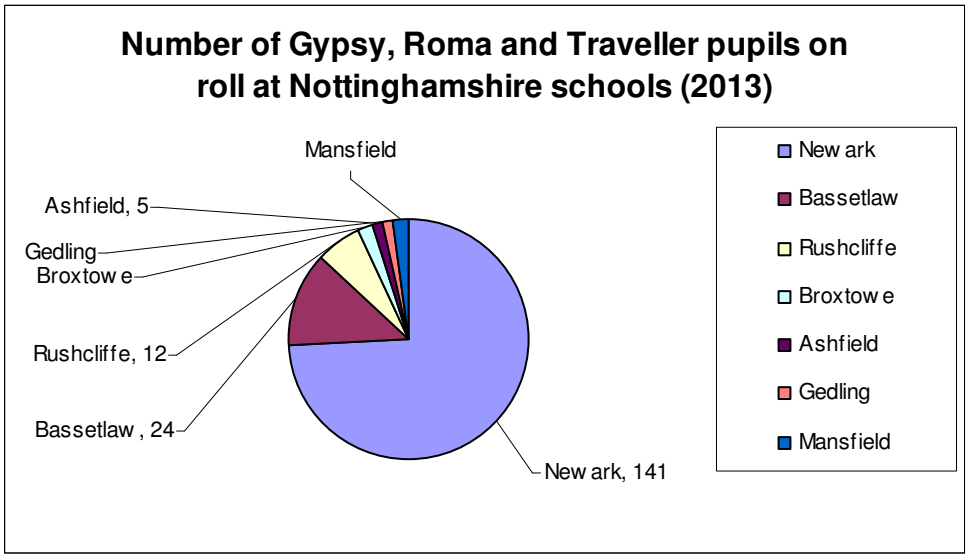
2. The highest numbers of BME children and young people live in the conurbation areas of Broxtowe, Gedling and Rushcliffe.

3. 4.9% of Nottinghamshire school pupils speak English as an additional language, up from 3.5% in 2010.

Ethnic breakdown in Nottinghamshire

According to the 2011 Census, Nottinghamshire has a population of around 13,000 black and minority ethnic (BME) 0-19 year olds, which equates to 7.2% of the total 0-19 population. The highest numbers live in the conurbation areas of Broxtowe, Gedling and Rushcliffe (Table 1.3.2). The largest ethnic groups are White & Black Caribbean (1.8%), Indian and White & Asian (both 1.0%), followed by Pakistani (0.7%) and Other Mixed (0.6%). There are no reliable numbers of dependent children of migrant workers. The majority of the 188 Gypsy, Roma and Traveller[2] (GRT) pupils registered on roll with schools in 2013 (down from 230 in 2010) are resident in Newark & Sherwood (75%) (Figure 1.3.1).

Figure 1.3.1



Source: School Census, 2013
[Ashfield, Broxtowe, Gedling and Mansfield numbers are below five and suppressed. Data refers to pupils with an enrolment status of 'current' or 'main' setting]

[2] Children from GRT families have specific needs and present different challenges to schools than children from other BME backgrounds. In some cases, GRT children reside in an area for only a short period of time. The attainment of children from GRT families is particularly low and very few maintain attendance at secondary schools.

Table 1.3.2 Resident population (0-19 year olds) by ethnic group (Census 2011)

		Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe	County
WHITE	British	27,086	24,093	20,518	22,190	22,291	24,784	22,445	163,407
	Irish	46	22	50	75	24	42	102	361
	Gypsy/Irish Traveller	10	23	0	8	*	106	0	148
	Other White	339	644	492	380	813	544	440	3,652
MIXED OR MULTIPLE ETHNIC GROUP	White & Black Caribbean	332	225	530	987	333	285	483	3,175
	White & Black African	66	51	96	161	74	82	107	637
	White & Asian	150	133	302	310	144	189	481	1,709
	Other Mixed	96	116	172	221	111	117	188	1,021
ASIAN OR ASIAN BRITISH	Indian	110	121	407	370	129	82	620	1,839
	Pakistani	36	133	303	370	47	27	417	1,333
	Bangladeshi	22	26	33	28	84	25	9	227
	Chinese	52	59	204	102	45	38	165	665
	Other Asian	102	62	208	173	60	42	145	792
BLACK OR BLACK BRITISH	African	61	60	136	106	43	38	64	508
	Caribbean	29	13	36	223	18	12	39	370
	Other Black	30	13	33	44	14	13	19	166
OTHER ETHNIC GROUPS	Arab	*	14	203	20	7	7	48	301
	Any other ethnic group	33	38	44	53	20	27	84	299

Source: Office for National Statistics, 2013 [* Number below five and suppressed.]

As of the end of January 2013, there were 14 unaccompanied asylum seeking children (UASC) in the care of Nottinghamshire County Council. An age assessment of an unaccompanied asylum seeker is carried out by the Council if there is a claim that the unaccompanied asylum seeker is under the age of 18 years. This is completed ensuring that it meets the standards of the Merton Guidelines[3] and is considered as a "most likely to be" age. The age assessment is a nationally recognised document and consults all areas of the young person's historical experiences, social presentation, appearance, education, family heritage and identification documents.

[3] The Merton Guidelines state that an age assessment cannot be judged on appearance alone and this is important as life experiences and development can be very different for children in other countries compared with that in the UK.

English as an additional language

4.9% of Nottinghamshire school pupils speak English as an additional language (EAL) (Table 1.3.3), an increase on 3.5% in 2010. The highest numbers are at schools in Rushcliffe and Broxtowe and the lowest in Ashfield and Newark & Sherwood. There has been a particular increase in Mansfield schools over the last two years (from 443 pupils in 2010 to 793 in 2012). 5.5% of the primary school population speak EAL (Table 1.3.4), up from 3.9% in 2010, and 4.0% at secondary schools speak EAL, compared to 3.1% in 2010. However, the county's EAL pupil population is considerably lower than the rest of the East Midlands and the country (Figures 1.3.5 and 1.3.6).

Table 1.3.3 First language of all Nottinghamshire school pupils by district (2013)

District	Language (Other)	Language (English)	Language (Unclassified)
Ashfield	338	15,234	45
Bassetlaw	566	13,420	74
Broxtowe	900	11,705	19
Gedling	706	14,012	42
Mansfield	793	13,664	6
Newark & Sherwood	423	12,851	11
Rushcliffe	909	14,243	9
Nottinghamshire	4,635	95,129	206

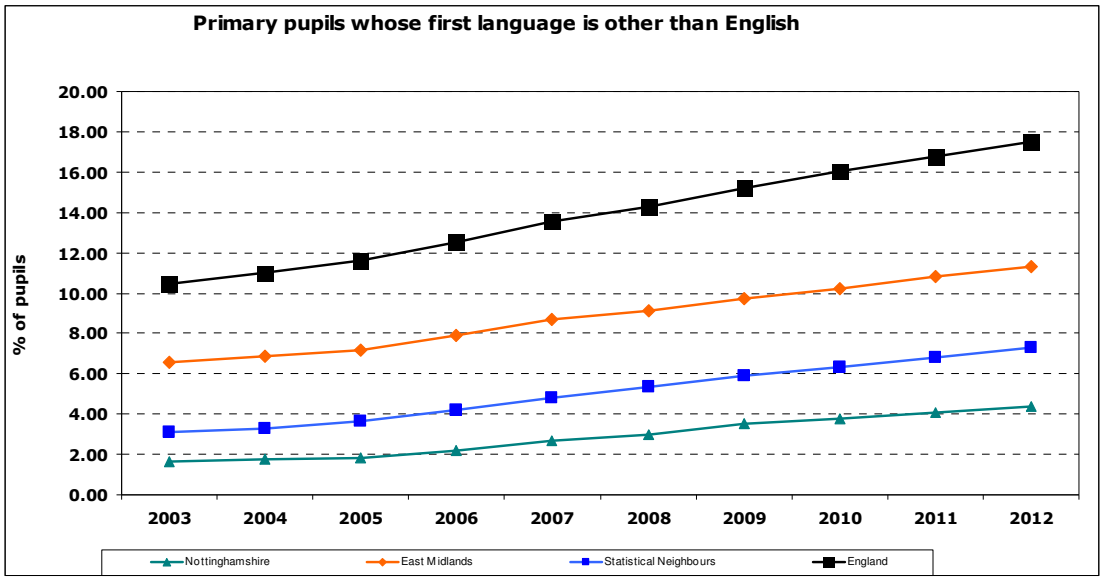
Source: School Census, 2013
[Data refers to pupils with an enrolment status of 'current' or 'main' setting. Serlby Park and Minster pupils are recorded under secondary schools. Figures are based on pupils in curriculum years R-11, exclude pupil referral units and include full time and part time pupils.]

Table 1.3.4 First language of all Nottinghamshire school pupils by phase (2013)

Phase	Language (Other)	Language (English)	Language (Unclassified)
Primary	3,040	54,984	107
Secondary	1,581	39,509	99
Special	14	636	0

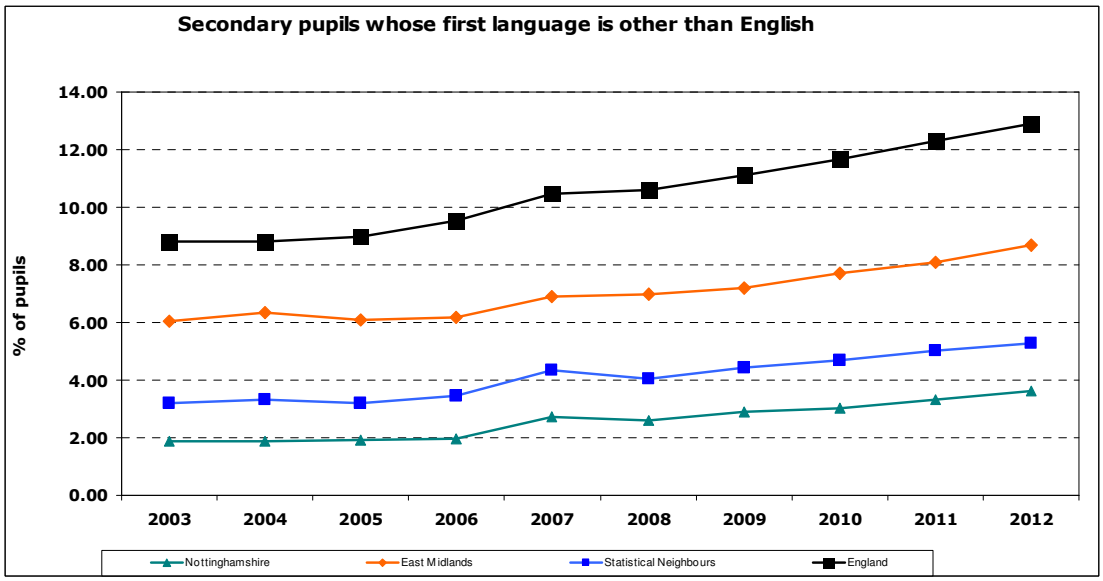
Source: School Census, 2013
[Data refers to pupils with an enrolment status of 'current' or 'main' setting. Serlby Park and Minster pupils are recorded under secondary schools. Figures are based on pupils in curriculum years R-11, exclude pupil referral units and include full time and part time pupils.]

Figure 1.3.5



Source: DfE Local Area Interactive Tool, 2013

Table 1.3.6



Source: DfE Local Area Interactive Tool, 2013

1.4 Religion or belief (last updated September 2013)

Key Messages

1. According to the 2011 Census, the majority of children and young people in the county are registered as Christian (89,788). This represents a drop from 122,414 in 2001.

2. The second largest group are those of no religion (72,084), which has increased from 38,816 in 2001.

3. The religion with the next highest number of children and young people is the Muslim faith, which has 2,553 followers aged 0-19 compared to 1,349 in 2001.

4. Numbers of children and young people registered as Muslim, Sikh and Hindu are highest in the conurbation areas of Gedling, Broxtowe and Rushcliffe.

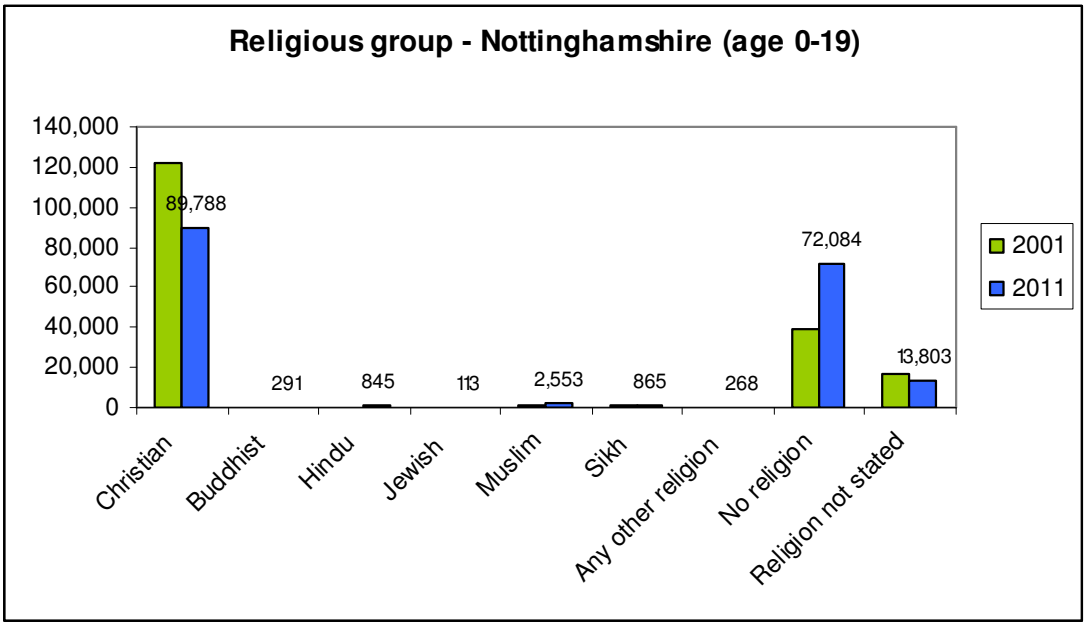
Most recent statistics relating to religion or belief are taken from the 2011 Census, which parents complete on behalf of their children. Table 1.4.1 and Figures 1.4.2 & 1.4.3 show the religions of children and young people aged 0-19 in Nottinghamshire. The majority of young people in the county are registered as Christian (89,788), though this number represents a considerable reduction on the 2001 Census (122,414). The proportion of children and young people of no religion has risen correspondingly from 38,816 in 2001 to 72,084 in 2011. In terms of other religions, the largest groups are Muslim (which has increased from 1,349 children and young people in 2001 to 2,553 in 2011), Sikh and Hindu, the majority of whom live in Broxtowe, Gedling and Rushcliffe (Figure 1.4.4). The smallest numbers are of the Jewish and Buddhist faiths and those classified as 'any other religion'.

Table 1.4.1 Religious group by age (0-19) (2011)

	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	No religion	Religion not stated
Ashfield	12,504	29	63	*	119	56	36	13,722	2,070
Bassetlaw	16,235	33	64	9	236	33	42	7,235	1,959
Broxtowe	10,410	68	185	26	646	218	37	10,234	1,943
Gedling	11,458	49	135	8	607	218	33	11,417	1,896
Mansfield	11,507	31	54	*	207	41	31	10,568	1,815
Newark & Sherwood	14,798	32	41	10	114	34	42	9,373	2,016
Rushcliffe	12,876	49	303	53	624	265	47	9,535	2,104
Total (2011)	**89,788**	**291**	**845**	**106 + ***	**2,553**	**865**	**268**	**72,084**	**13,803**
Total (2001)	122,414	158	556	157	1,349	725	150	38,816	17,222

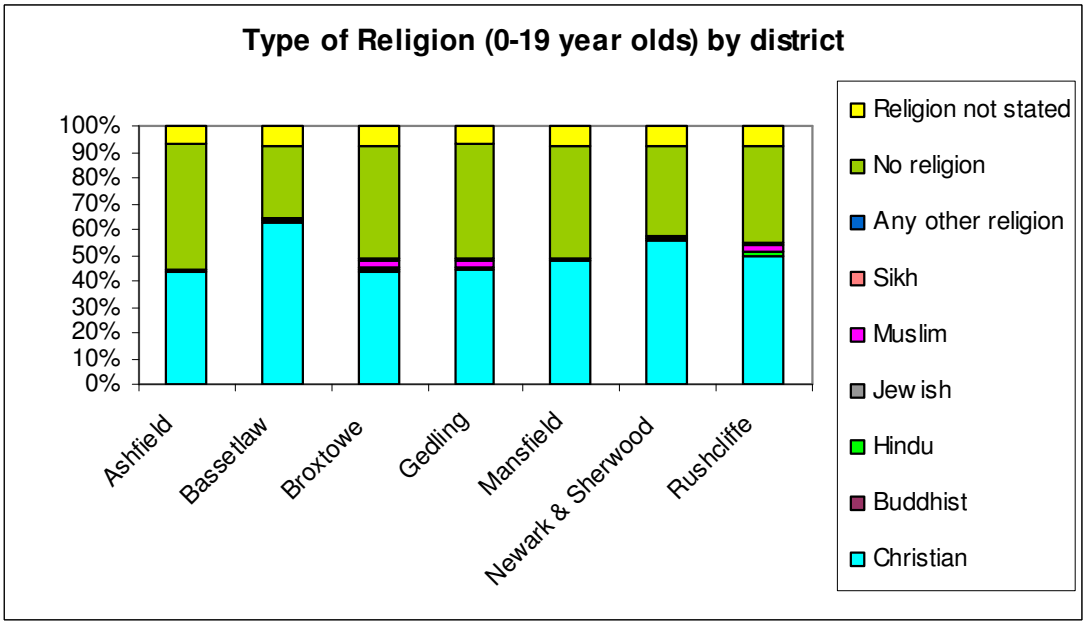
Source: Census, 2011
[*Number below five and suppressed]

Figure 1.4.2



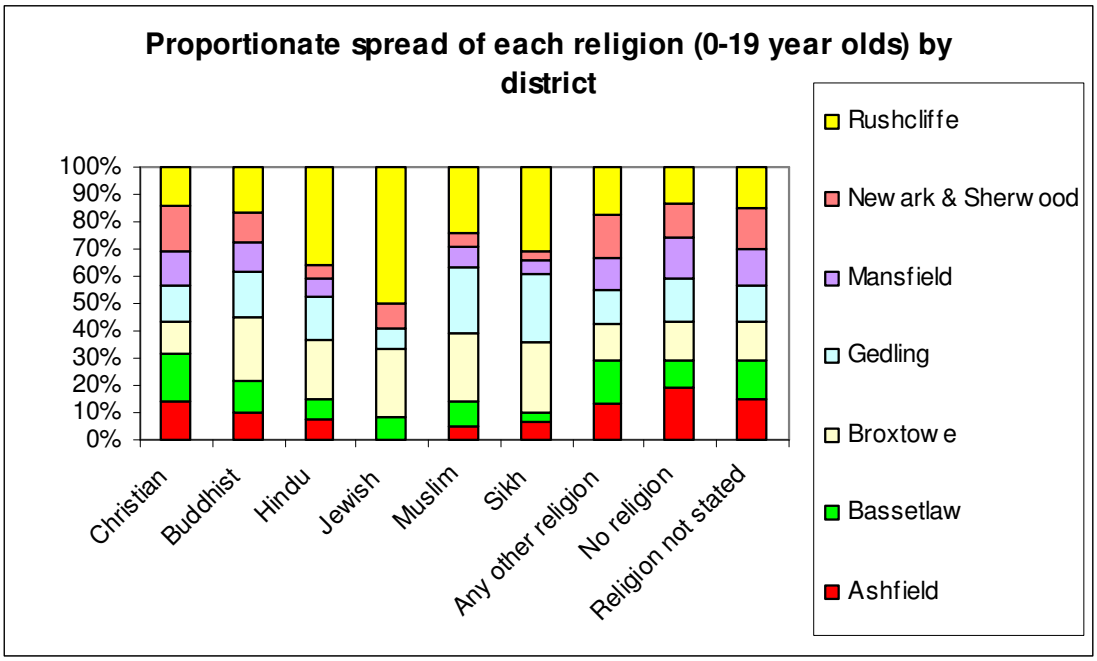
Source: Census, 2011

Figure 1.4.3



Source: Census, 2011

Figure 1.4.4



Source: Census, 2011

1.5 Births and life expectancy (last updated September 2013)

Key Messages

1. The number of live births in Nottinghamshire increased by 18.4% between 2000 and 2011, slightly below the national rise of 19.8%.

2. Over half of live births (53.7%) in Nottinghamshire in 2011 took place outside marriage or civil partnership, above the national average of 46.6% and the East Midlands average of 51.1%.

3. In terms of the age of mothers having babies, there is variation across districts according to levels of affluence – the proportion of mothers having children at a later age is noticeably higher in the three conurbation boroughs of Broxtowe, Gedling and Rushcliffe.

4. The current life expectancy of a child is 78.5 years (male) and 82.3 years (female), but this also varies considerably across districts according to deprivation – a male in Ashfield will on average live 3.6 years less than a male in Rushcliffe, and a female 2.4 years less.

The number of live births in Nottinghamshire has increased between 2000 and 2011 by 18.4% across the county (Table 1.5.1 and Figures 1.5.2 & 1.5.3), slightly below the national rise of 19.8% during the same timeframe. Each district has seen an increase during the last eleven years, the largest being in Mansfield (35.8%) and the lowest in Gedling (8.7%).

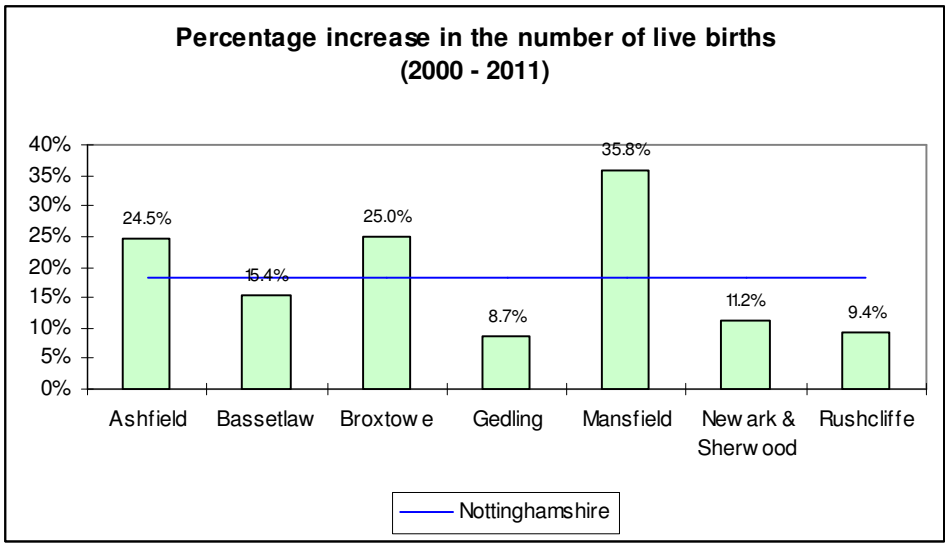
The rising birth rate will inevitably increase demand for local children's services, such as those in early years, schools and social care. Nationally, births are at their highest level since 1972, presenting challenges for provision of health services and affordable housing, and economic opportunities with a growing workforce and associated potential for increased productivity. Full population projections relating to Nottinghamshire children and young people can be seen in Section 1.2 above.

Table 1.5.1 Number of live births by district (2000-2011)

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	% change
Ashfield	1,218	1,154	1,284	1,275	1,316	1,282	1,378	1,379	1,439	1,426	1,561	1,517	+24.5%
Bassetlaw	1,120	1,053	1,043	1,078	1,132	1,118	1,157	1,249	1,200	1,179	1,277	1,292	+15.4%
Broxtowe	1,004	1,010	995	1,021	1,011	1,039	1,062	1,092	1,198	1,183	1,224	1,255	+25.0%
Gedling	1,127	1,080	1,074	1,074	1,139	1,109	1,176	1,253	1,195	1,240	1,278	1,225	+8.7%
Mansfield	1,017	981	1,027	1,074	1,182	1,143	1,221	1,237	1,396	1,307	1,382	1,381	+35.8%
Newark & Sherwood	1,090	1,089	1,054	1,070	1,212	1,111	1,194	1,219	1,199	1,251	1,258	1,213	+11.2%
Rushcliffe	1,046	1,045	1,051	1,076	1,126	1,086	1,123	1,137	1,138	1,156	1,121	1,144	+9.4%
County	**7,622**	**7,412**	**7,528**	**7,668**	**8,118**	**7,888**	**8,311**	**8,566**	**8,765**	**8,742**	**9,101**	**9,027**	**+18.4%**

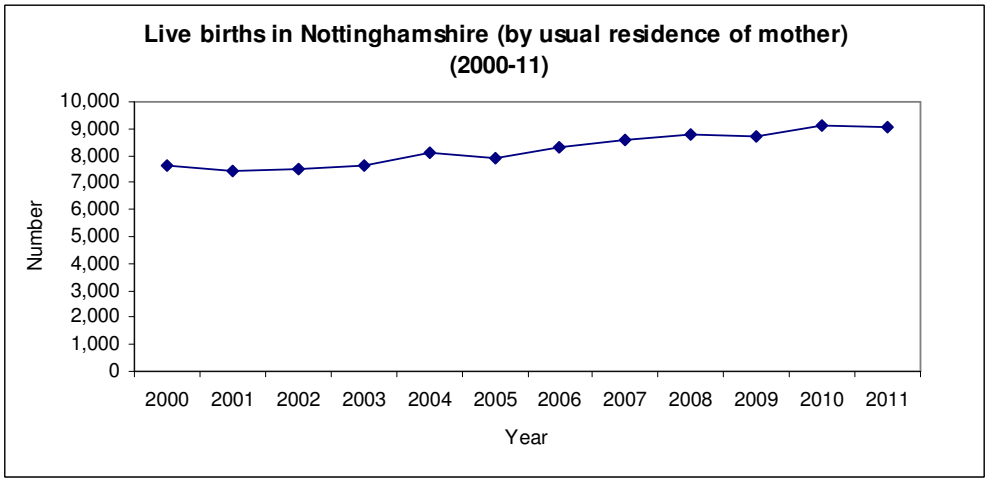
Source: Office for National Statistics, 2013 [Note: 2011 data is provisional]

Figure 1.5.2



Source: Office for National Statistics, 2013

Figure 1.5.3



Source: Office for National Statistics, 2013

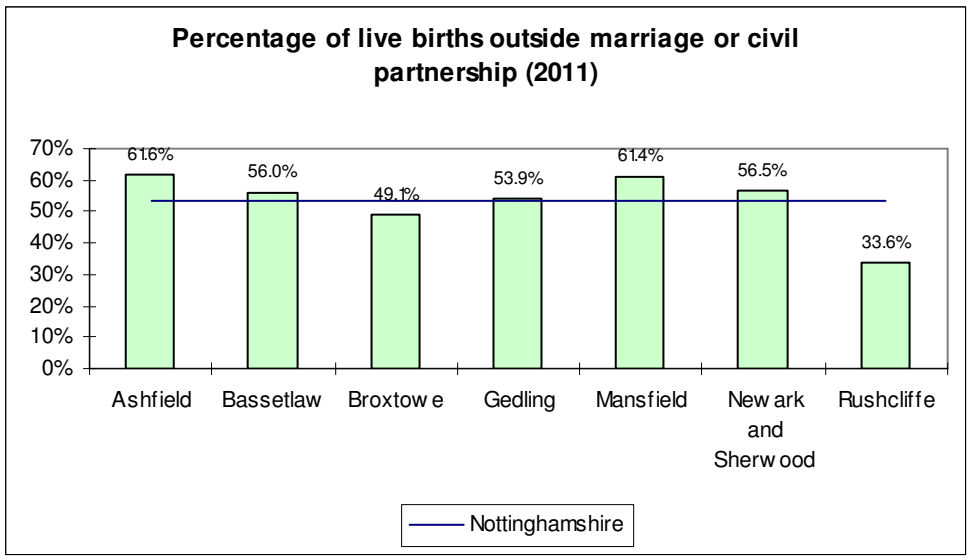
Over half of live births (53.7%) in Nottinghamshire in 2011 took place outside marriage or civil partnership, above the national average of 46.6% and the East Midlands average of 51.1%. The proportions were highest in Ashfield and Mansfield, nearly 20 percentage points above the lowest, Rushcliffe (Table 1.5.4 and Figure 1.5.5). The highest proportion of sole registrations as a percentage of all registrations outside marriage was also in Mansfield (12.3%).

Table 1.5.4 Live births: number by relationship of parents (2011)

	Within marriage / civil partnership	Outside marriage / civil partnership				Percentage of live births outside marriage or civil partnership
		Total	Joint registrations same address	Joint registrations different address	Sole registrations	
Nottinghamshire	**4,175**	**4,852**	**3,500**	**860**	**492**	**53.7%**
Ashfield	582	935	666	167	102	61.6%
Bassetlaw	568	724	508	152	64	56.0%
Broxtowe	639	616	447	104	65	49.1%
Gedling	565	660	467	122	71	53.9%
Mansfield	533	848	603	141	104	61.4%
Newark and Sherwood	528	685	515	118	52	56.5%
Rushcliffe	760	384	294	56	34	33.6%

Source: Office for National Statistics, 2013

Figure 1.5.5



Source: Office for National Statistics, 2013

The average age of mothers nationally rose to 29.8 years in 2012, compared to 29.7 in 2011. This represents a continuation of the increasing age of mothers recorded since 1976[4], with more women delaying childbearing to later ages. This may be due to a number of factors such as increased participation in higher education, increased female participation in the labour force, the increasing importance of a career, the rising costs of childbearing, labour market uncertainty, housing factors and instability of partnership.

The age distribution of mothers having babies in Nottinghamshire in 2012 can be seen in Table 1.5.6 and Figure 1.5.7. There is variation across districts according to levels of affluence – the proportion of mothers having children at a later age is noticeably higher in the three conurbation boroughs[5].

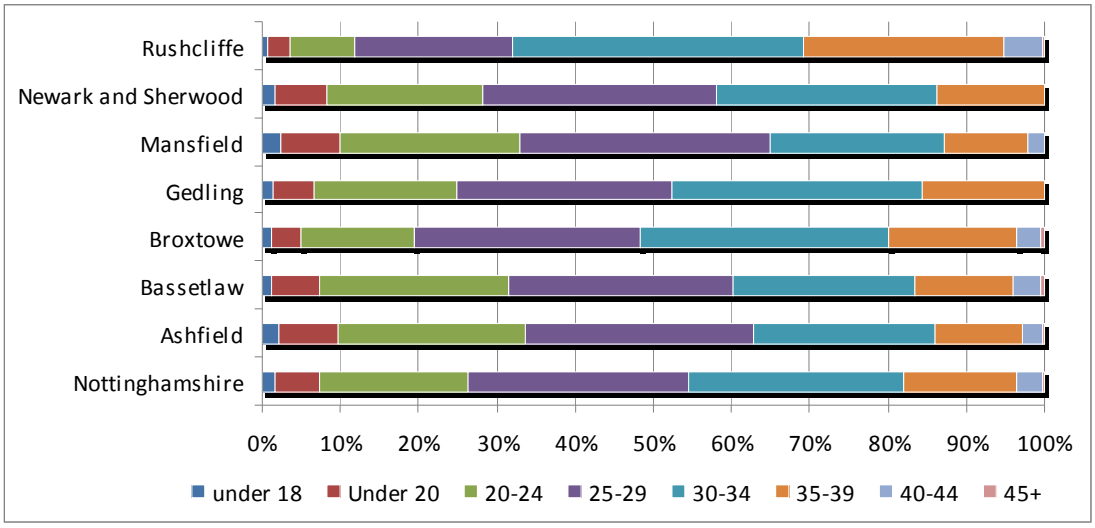
[4] Source: http://www.ons.gov.uk/ons/dcp171778_317196.pdf
[5] Broxtowe, Gedling and Rushcliffe

Table 1.5.6 Number of live births: Age of mother by district (2012)

	Under 18	Under 20	20-24	25-29	30-34	35-39	40-44	45+
Nottinghamshire	**145**	**528**	**1,759**	**2,581**	**2,549**	**1,335**	**296**	**23**
Ashfield	34	119	381	464	372	174	44	*
Bassetlaw	16	77	301	361	289	158	45	6
Broxtowe	15	50	185	369	410	208	39	7
Gedling	17	64	223	336	392	192	*	*
Mansfield	34	103	317	443	307	144	31	0
Newark and Sherwood	21	85	258	387	367	178	*	*
Rushcliffe	8	30	94	221	412	281	55	*

Source: Office for National Statistics, 2013 [* Number suppressed to protect confidentiality of individuals.]

Figure 1.5.7 Live births: age of mother by district (2012)



Source: Office for National Statistics, 2013

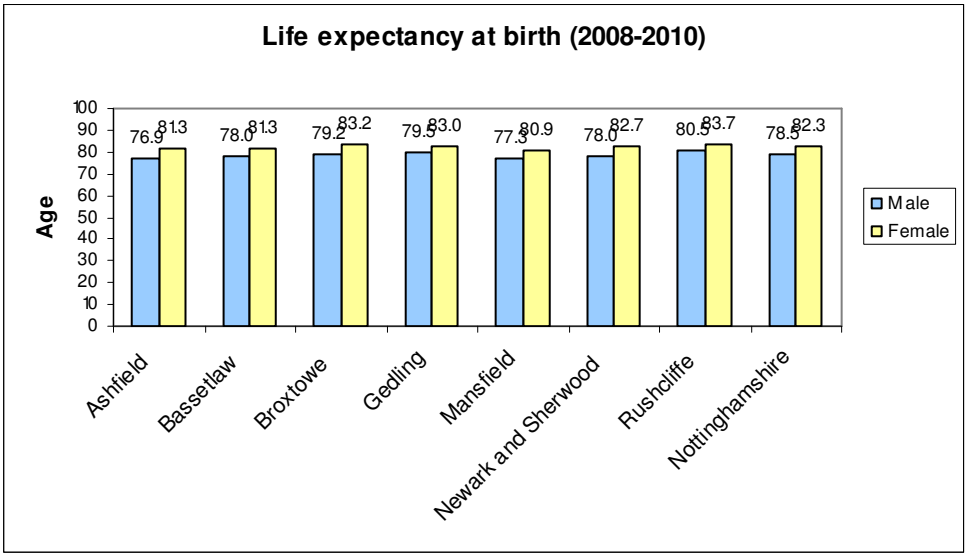
Figure 1.5.8 outlines the number of child deaths in Nottinghamshire in 2010 and 2011. Life expectancy for children born between 2008 and 2010 (Figure 1.5.9) varies according to deprivation across the county from 76.9 years (male) and 81.3 years (female) in Ashfield to 80.5 years (male) and 83.7 years (female) in Rushcliffe. The average life expectancy in the county is 78.5 years (male) and 82.3 years (female). This topic is examined in more detail in the Nottinghamshire JSNA Adults and Vulnerable Adults chapter (Section 4.5 - Life expectancy and main causes of mortality).

Figure 1.5.8 Number of child deaths in Nottinghamshire (2010 and 2011)

Age	Number of deaths (2010)			Number of deaths (2011)		
	Male	Female	Total	Male	Female	Total
Under 1	18	12	30	19	14	33
1-4	*	5	**	*	0	*
5-14	*	*	**	*	*	*
15-24	26	13	39	12	11	23

Source: Office for National Statistics, 2013
[* Number below five and suppressed. ** Number between five and ten but suppressed to protect *]

Figure 1.5.9 Life expectancy at birth in Nottinghamshire



Source: Office for National Statistics, 2013

1.6 Special Educational Needs and Disability (last updated March 2013)

Key Messages

1. There are estimated to be between 5,000 and 12,000 disabled young people (aged 0-19) in the county.

2. There has been a 70% increase in 0-17 year old claimants of Disability Living Allowance in Nottinghamshire over the last decade.

3. More than one in six Nottinghamshire pupils have some kind of special educational need (SEN) and 1.1% have a Statement of SEN. Districts with the highest percentages of children with SEN are Mansfield (20.4%), Ashfield (19.1%) and Gedling (18.0%).

Estimated levels of disability

It is problematic to collate accurate, timely data in relation to disabled children and young people both locally and nationally, and definitions of disability vary widely. Information is collected by different agencies, is often out of date and is not shared routinely. In addition, there is no comprehensive register in the county of disabled children. The disability needs assessment[6] for Nottinghamshire undertaken in 2012 contains detailed data relating to special educational needs and disability. It

[6] http://cms.nottinghamshire.gov.uk/disabilitysenneedsassessmentfeb2012.pdf

estimated the numbers of children and young people experiencing some form of disability as follows:

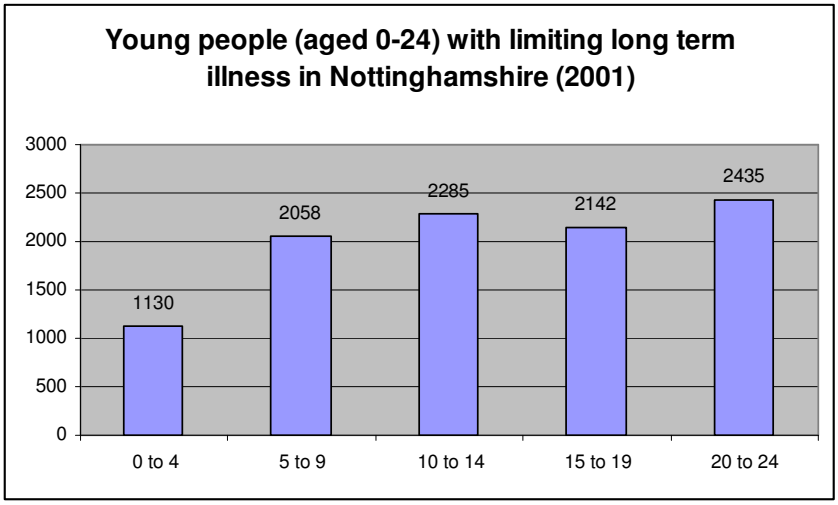
Thomas Coran Research Unit (2010): **5,300-9,000** (0-19 year olds)

Child and Maternal Health Observatory (2000): **12,526** (0-19 year olds)

Disability Living Allowance (2011): **7,210** (0-24 year olds)

Census 2011 data has not yet been released relating to children & young people's disability, but 2001 data indicates there were 7,615 children and young people (aged 0-19) with limiting long term illness in Nottinghamshire, 4.2% of the 2001 (0-19) population (Figure 1.6.1).

Figure 1.6.1



Source: Census, 2001

There has been a significant increase in young claimants (0-17 years of age) of Disability Living Allowance in Nottinghamshire over the last decade, from 3,350 in May 2002 to 5,680 in May 2012, a rise of 70% (Table 1.6.2). The steepest rise was in the 16-17 age range, which more than doubled (138% increase). This was closely followed by the 11-16 group (increase of 104%).

Table 1.6.2 Disability Living Allowance cases in payment (May 2002 and May 2012)

	0-5		5-11		11-16		16-17		Total	
	2002	2012	2002	2012	2002	2012	2002	2012	2002	2012
Ashfield	90	120	250	360	180	450	60	130	580	1060
Bassetlaw	60	90	200	300	150	270	40	120	450	780
Broxtowe	60	80	190	200	160	260	40	90	450	630
Gedling	50	110	200	310	140	340	40	120	430	880
Mansfield	90	90	220	300	190	360	70	150	570	900
Newark & Sherwood	70	90	230	300	170	410	50	140	520	940
Rushcliffe	50	70	140	190	120	170	40	60	350	490
Nottinghamshire	470	650	1,430	1,960	1,110	2,260	340	810	3,350	5,680

Source: Department for Work and Pensions, 2013 [Numbers rounded to nearest 10]

Special Educational Needs

Data on children with Special Educational Needs (SEN) as reported by schools also gives an indication of numbers in the county. Pupils with SEN have learning difficulties or disabilities that make it harder for them to learn than most pupils of the same age. Pupils with SEN are categorised as follows:

- **School Action** – where extra or different help is given from that provided as part of the school's usual curriculum
- **School Action Plus** – where the class teacher and the SEN coordinator receive advice or support from outside specialists
- **Statement** – a pupil has a statement of SEN when a formal assessment has been made. A document setting out the child's needs and the extra help they should receive is in place.

Table 1.6.3 Numbers of children with special educational needs[7] (2012)

District	Number on roll	SEN Status							
		No provision		School Action		School Action Plus		Statemented	
		Number	%	Number	%	Number	%	Number	%
Ashfield	18,117	14,664	80.9%	2,527	13.9%	709	3.9%	217	1.2%
Bassetlaw	16,273	13,437	82.6%	2,081	12.8%	553	3.4%	202	1.2%
Broxtowe	14,285	11,812	82.7%	1,849	12.9%	494	3.5%	130	0.9%
Gedling	16,556	13,584	82.0%	2,064	12.5%	731	4.4%	177	1.1%
Mansfield	16,856	13,424	79.6%	2,585	15.3%	584	3.5%	263	1.6%
Newark & Sherwood	15,156	12,536	82.7%	1,848	12.2%	622	4.1%	150	1.0%
Rushcliffe	16,914	14,789	87.4%	1,507	8.9%	481	2.8%	137	0.8%
NOTTINGHAMSHIRE	**114,157**	**94,246**	**82.6%**	**14,461**	**12.7%**	**4,174**	**3.7%**	**1,276**	**1.1%**

Source: School Census, 2012
[Excludes dual pupils placed in their subsidiary setting]

More than one in six Nottinghamshire pupils has some kind of SEN (Table 1.6.3). Boroughs/districts with the highest percentages of children on roll with an SEN status are Mansfield (20.4%), Ashfield (19.1%) and Gedling (18.0%). Rushcliffe has the lowest rate (12.6%).

The total number of children with a statement of SEN in Nottinghamshire stands at 1.1%, which has remained stable for the last eight years. The highest percentage of statements was issued in Mansfield (1.6%) and the lowest in Rushcliffe (0.8%). Nottinghamshire is different from most local authorities in that it does not use statements as a mechanism for distributing resources for pupils with SEN. However, a statement is required in order to access special school provision or where an individual child's needs are particularly complex and require systematic monitoring.

[7] While there is concern nationally (SEN Green Paper and Ofsted SEND Review 2010) that there may be an over-identification of children with SEN, work needs to be undertaken locally to explore the issue more fully.

The former National Indicator (NI) 103a (Percentage of final statements of SEN issued within 26 weeks, excluding exception cases, as a proportion of all such statements issued in the year) and the former NI 103b (percentage of final statements of SEN issued within 26 weeks as a proportion of all such statements issued in the year) measure the promptness of completion of statements. In 2011/12, both indicators stood at 100%.

Table 1.6.4 shows the primary needs of Nottinghamshire school pupils with a Statement or at School Action Plus in 2012. Nearly one third (29.8%) have a primary need in Cognition and Learning, and another third (30.0%) in Communication and Interaction. Behaviour, Emotional and Social Difficulties account for a quarter (24.8%) of primary needs. Numbers of children with Statements or at School Action Plus are lower than in 2010, but numbers of children with Autistic Spectrum Disorder (ASD) as a primary need have increased. Indeed ASD has seen a steep rise in recent years both locally and nationally.

Table 1.6.4 Primary need of pupils identified with special educational needs in Nottinghamshire maintained schools and academies (2012)

	Nursery	Primary	Secondary	Special	Totals		
Specific Learning Difficulty	0	132	176	14	322 (5.9%)	1,620+* (29.8%)	**Cognition & Learning**
Moderate Learning Difficulty	0	420	314	131	865 (15.9%)		
Severe Learning Difficulty	0	85	49	182	316 (5.8%)		
Profound & Multiple Learning Difficulty	0	36	*	81	117+* (2.2%)		
Behaviour, Emotional & Social Difficulties (BESD)	0	517	761	71	1,349 (24.8%)	1,349 (24.8%)	**BESD**
Speech, Language and Communication Needs	7	443	112	12	574 (10.5%)	1,635+* (30.0%)	**Communication & Interactio**
Autistic Spectrum Disorder	*	378	382	301	1,061+* (19.5%)		
Visual Impairment	0	54	44	*	98+* (1.8%)	584+* (10.8%)	**Sensory and/or physical**
Hearing Impairment	0	73	49	*	122+* (2.3%)		
Multi-Sensory Impairment	0	6	6	*	12+* (0.2%)		
Physical Disability	0	176	119	57	352 (6.5%)		
Other Difficulty/Disability	0	121	114	20	255 (4.7%)	255 (4.7%)	**Other**
Totals	7 + *	2,441	2,126 + *	869 + *	5,443 + *		

Source: School Census, 2012 [Note: Primary Need is only collected for pupils identified as School Action Plus or who have a Statement. *Value is five or less and suppressed.]

1.7 Young carers (last updated March 2013)

Key Messages

1. 2% of the 0-15 population in Nottinghamshire have caring responsibilities for another person (Census 2001).

2. A small survey of 19 of the county's young carers found that the average number of hours worked per day was 3.9 (weekdays), and 11.1 hours per weekend.

"Young carers are children and young persons under 18 who provide, or intend to provide, care, assistance or support to another family member. They carry out, often on a regular basis, significant or substantial caring tasks and assume a level of responsibility, which would usually be associated with an adult. The person receiving care is often a parent but can be a sibling, grandparent or other relative who is disabled, has some chronic illness, mental health problem or other condition connected with a need for care, support or supervision."[8]

"A young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her physical well-being or educational achievement and life chances."[9]

National context

Young carers are very much hidden (i.e. unknown to service providers) and often take on short term caring responsibilities. In addition, many organisations fail to record them as young carers on their databases. The 2001 Census evidenced that 2% of the 0-15 population in Nottinghamshire were carrying out caring responsibilities for another person, in line with the national average. Across the UK, 4% of children with caring responsibilities are aged 5-7, while around a third (31%) are aged 12-14 and another third (35%) are 16-17 years old. Data indicates that 8% of young carers provide care for 50 hours or more, and 9% provide care for between 20 and 49 hours[10].

A 2004 report[11] found that the average age of young carers was 12 and over half (56%) lived in lone parent families. The government published the National Carers Strategy in 2008 in order to ensure that services focus greater effort on early intervention and prevention before young people take on excessive or inappropriate caring roles.

Nottinghamshire context

The Young Carers Strategy for Nottinghamshire (2011) sets out the ambition of the County Council and its children's services partners for young carers, and identifies the key development areas of promoting early identification; assessment; safeguarding; schools and young carers; health of young carers; and information,

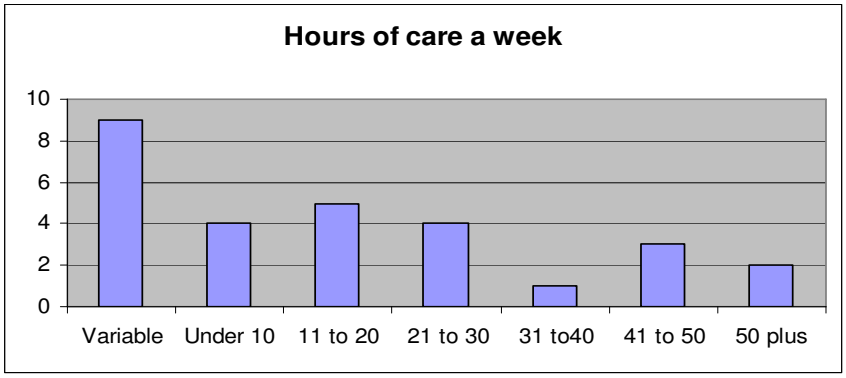
[8] Becker, S. (2000) 'Young Carers', in Davies, M. (ed.) The Blackwell Encyclopaedia of Social Work. Oxford: Blackwell Publishers Ltd, p. 378.
[9] Frank J & Mclarnon J. Key Principles of Practice for Young Carers and their Families. The Children's Society 2008
[10] Official figures as quoted by Saul Becker, University of Nottingham, 2012
[11] Young Carers in the UK, Chris Dearden & Saul Becker, 2004

advice and advocacy. In April 2011, the County Council agreed an investment of £900,000 over two years to support and improve the lives of young carers, mainly through enhanced personal budgets for disabled parents to reduce their dependency on the support of young carers.

A survey commissioned by the Supporting Disabled Parents Working Panel in August 2009 gives an insight into the demands being placed on young people in the county. The survey was sent out to the 119 young carers known to Action for Young Carers and 29 responded. The majority of young carers surveyed said they looked after a parent (12 out of 14 were mothers) and three looked after both parents. The main issues experienced by the cared for was physical disability (10) and mental health (7). The details of the physical disability conditions revealed several cases of muscular sclerosis, epilepsy, spina bifida and a variety of degenerative musculoskeletal and neurological cases.

24 young carers reported that they lived in the same house as the person they cared for and 19 gave the actual numbers of hours they worked each week (Figure 1.7.1). The median number (the number in the middle) was 20.5 hours and the mode (the most frequent number) was 15 hours. The average number of hours worked per day during the week was 4 hours and 11 hours in total per weekend. Only six of the 28 young carers reported having days without caring responsibilities, although three further carers reported variable times, which could include time off.

Figure 1.7.1 Number of hours of care per week



Source: Action for Young Carers Survey, 2009

The most common tasks undertaken by the young carers involved in the study (Table 1.7.2) included housework, preparing a meal, keeping the cared for company and food shopping. None of the carers reported working part time to bring money in.

Table 1.7.2 Tasks undertaken by young carers

Housework including cleaning + laundry	Preparing a meal or snack	Keeping them company i.e. sitting with them or taking them out	Food shopping	Helping them get dressed	Helping them to take their medication
24	22	23	21	11	11
Help with financial matters like paying bills or banking	Help with lifting ie getting in or out of bed	Helping them have a wash, bath or a shower	Looking after children like taking them to school	Interpreting, using sign language or any other language	Working part-time to bring money in
6	6	8	6	*	0

Source: Action for Young Carers Survey, 2009 [*Number below five and suppressed]

1.8 Socio-economic profile (last updated March 2013)

Key Messages

1. In 2011, around one in seven 0-15 year olds in Nottinghamshire lived in households where nobody worked.

2. 15.1% of Nottinghamshire school pupils are eligible for free school meals (as at January 2013). The highest numbers are in Ashfield and Mansfield.

3. The numbers of lone parents increased by 19% between 2001 and 2011, with the highest increase in Ashfield (31%).

4. It is estimated that 8,000 of the county's children and young people will see their father imprisoned during their school years.

Worklessness in Nottinghamshire

The current economic situation in the UK will have an effect on all areas of children and young people's lives, which are both difficult to measure and to predict. Past recessions indicate that unemployment continues to rise even when economic recovery begins, and may remain high for several years:

- Early 1970s recession – unemployment has never returned to 1.6%
- Early 1980s recession – unemployment returned to 3.7% after 20 years and two months
- Early 1990s recession – unemployment returned to 5.2% after seven years and one month.

This will obviously have an effect on parents' employment prospects and children's aspirations. Sectors at particular risk are retail, distribution and manufacturing, and the traditionally 'safe' public sector has also been hit - in the East Midlands, public sector employment has dropped from 400,000 in 2009 to 360,000 in 2012[12]. Work patterns have also altered during the economic downturn - the number of self-employed people in the East Midlands has increased by 22% between 2008/09 and 2011/12, and temporary employees in the region have gone up by 26% in the same period. However, levels of workers with part-time or second jobs have remained relatively stable.

Table 1.8.1 shows that between January and December 2011, around one in seven Nottinghamshire children and young people under the age of 16 (20,000 people) lived in a household where nobody worked. This is more of a problem in the north of the county than the south, and the level between that of 2004 and 2011 has remained relatively static (Figure 1.8.2).

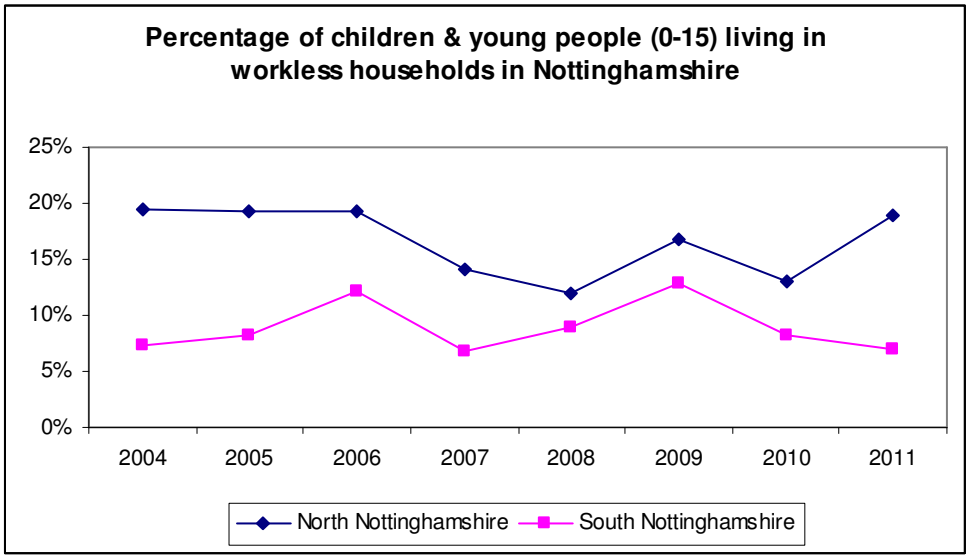
[12] Source for labour market data in this section: Office for National Statistics

Table 1.8.1 Estimated number/percentage of children and young people (0-15 years of age) living in workless households in Nottinghamshire

	2004	2005	2006	2007	2008	2009	2010	2011
North Nottinghamshire	14,000 (19.5%)	15,000 (19.2%)	16,000 (19.3%)	12,000 (14.1%)	10,000 (11.9%)	13,000 (16.7%)	11,000 (13.0%)	16,000 (18.9%)
South Nottinghamshire	4,000 (7.4%)	5,000 (8.2%)	8,000 (12.1%)	4,000 (6.7%)	6,000 (9.0%)	9,000 (12.8%)	5,000 (8.3%)	4,000 (7.0%)

Source: Office for National Statistics, 2013 [**North Nottinghamshire** = Bassetlaw, Mansfield, Ashfield and Newark & Sherwood; **South Nottinghamshire** = Broxtowe, Gedling and Rushcliffe]

Figure 1.8.2



Source: Office of National Statistics, 2013 [**North Nottinghamshire** = Bassetlaw, Mansfield, Ashfield and Newark & Sherwood; **South Nottinghamshire** = Broxtowe, Gedling and Rushcliffe]

Deprivation levels in Nottinghamshire

Levels of affluence and deprivation in the county are extremely varied. According to the 2010 Indices of Multiple Deprivation (IMD)[13], Rushcliffe Borough is one of the 10% least deprived areas in the country, whereas Mansfield District is almost in the 10% most deprived (Table 1.8.3). There are 31 Lower Super Output Areas[14] (LSOAs) in the 10% most deprived LSOAs in England, up from 23 in 2007. These are concentrated in the districts of Mansfield (12 LSOAs), Ashfield (10), Bassetlaw (6) and Newark & Sherwood (3). The most deprived LSOA in the county lies within Ravensdale ward in Mansfield, ranked 50th most deprived out of the 32,482 LSOAs in England.

[13] The Indices of Multiple Deprivation (IMD) combines statistics on income, employment, health, education, crime, access to services and living environment.
[14] This is an area with a population of about 1,500 people.

Table 1.8.3 Deprivation levels in Nottinghamshire

	Indices of Multiple Deprivation (2010)		Income Deprivation Affecting Children Index (2010)
	Score (Low = less deprived)	Rank out of 326 nationally (High = less deprived)	Average LSOA score (Low = less deprived)
Ashfield	26.18	63	0.22
Bassetlaw	24.96	82	0.19
Broxtowe	13.86	216	0.14
Gedling	15.29	199	0.15
Mansfield	30.29	38	0.24
Newark & Sherwood	19.26	147	0.16
Rushcliffe	7.61	318	0.08
County average	19.52	93 (out of 149)	0.17
England average	21.67	-	0.20

Sources: Department for Communities and Local Government, 2013 (IMD & IDACI)
[LSOA = Lower Super Output Area - an area with a population of about 1,500 people.]

The Income Deprivation Affecting Children Index (IDACI) is a sub-set of the IMD and reflects the spread of deprivation affecting children across the county. This can be seen on the map overleaf (Figure 1.8.4).

Free school meals

Pupils are entitled to free school meals (FSM) if their parents receive:

- income support
- income-based jobseeker's allowance
- support under the Immigration and Asylum Act 1999
- child tax credit, but are not entitled to working tax credit and have an annual income that does not exceed a set figure.

In Nottinghamshire (as of January 2013), 15.1% of school pupils were eligible for FSM. The proportion of pupils eligible for FSM was highest in Ashfield and Mansfield and lowest in Rushcliffe (7.2%) (Table 1.8.5). Eligibility in secondary schools is slightly lower than primary schools (Table 1.8.6) and is highest in special schools. However, research[15] suggests that 19% (or 3,400) pupils in the county entitled to FSM were not claiming FSM (as of January 2012).

[15] Pupils not claiming free school meals, Iniesta-Martinez & Evans, DfE, 2012

Figure 1.8.4 Income Deprivation Affecting Children Index 2010

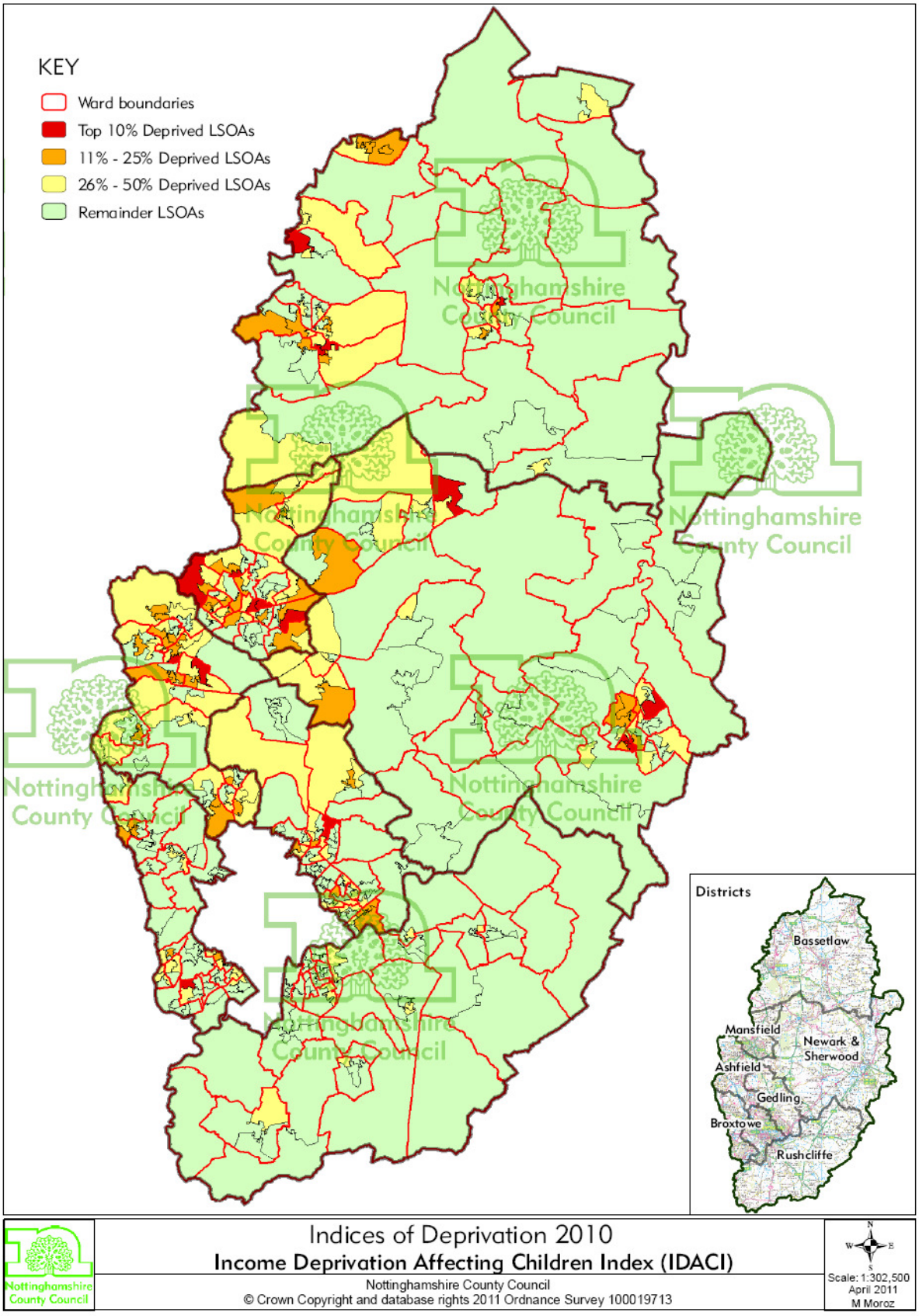


Table 1.8.5 Number of pupils eligible for Free School Meals (FSM) in Nottinghamshire by district (January 2013)

District	Number on roll	% Eligible for FSM
Ashfield	15,736	20.6%
Bassetlaw	14,207	15.6%
Broxtowe	12,801	14.2%
Gedling	14,852	13.9%
Mansfield	14,524	20.2%
Newark	13,446	14.2%
Rushcliffe	15,318	6.9%
Nottinghamshire	100,884	15.1%

Source: School Census, 2013
[Data refers to pupils with an enrolment status of 'current' or 'main' setting. Serlby Park and Minster pupils are recorded under secondary schools. Figures are based on pupils in curriculum years R-11, exclude pupil referral units and include full time and part time pupils.]

Table 1.8.6 Number of pupils eligible for Free School Meals (FSM) in Nottinghamshire by school phase (January 2013)

Phase	Number on Roll	% Eligible for FSM
Primary	59,040	15.9%
Secondary	41,193	13.7%
Special	651	35.6%

Source: School Census, 2013
[Data refers to pupils with an enrolment status of 'current' or 'main' setting. Serlby Park and Minster pupils are recorded under secondary schools. Figures are based on pupils in curriculum years R-11, exclude pupil referral units and include full time and part time pupils.]

Lone parent families

In lone parent households, 41% of children live in poverty, compared to 23% in two parent families[16]. Much of this is due to high levels of worklessness and low out of work benefits: a lone parent with two children, one aged 14 and the other aged five, needs £258 to take them above the after housing costs poverty line. The amount of benefit that this family would get if the parent was out of work is £219, which is well below the poverty line[17]. Additionally, some lone parents often feel isolated and lack confidence. They may also experience poor physical and mental health and be socially excluded.

The numbers of lone parents increased in Nottinghamshire by 19% between 2001 and 2011 (Table 1.8.7), with the highest increase in Ashfield (31%). In 2011, there were 21,632 lone parents across the county. The highest percentage of lone parents in full-time employment was in Rushcliffe (39%), and the highest not in employment was in Ashfield (44%) (Table 1.8.8).

[16] Department for Work and Pensions, 2012, Households Below Average Income 2010/2011. Figures are after housing costs.
[17] Barnardo's calculation based on Jobseeker's Allowance, Child Benefit and Child Tax Credit rates from April 2012.

Table 1.8.7 Lone parents in Nottinghamshire - change between 2001 and 2011

	Total lone parents (2001)	Total lone parents (2011)	% change 2001 - 2011
Ashfield	3,048	3,981	+31%
Bassetlaw	2,833	3,010	+6%
Broxtowe	2,374	2,567	+8%
Gedling	2,802	3,398	+21%
Mansfield	3,163	3,320	+5%
Newark & Sherwood	2,638	3,037	+15%
Rushcliffe	1,946	2,319	+19%
Nottinghamshire	**18,804**	**21,632**	**+19%**

Source: Census, 2011

Table 1.8.8 Lone parents in Nottinghamshire (2011) - by employment status

	Lone parents in part-time employment (2011)	Lone parents in full-time employment (2011)	Lone parents not in employment (2011)
Ashfield	1,228 (31%)	1,020 (26%)	1,733 (44%)
Bassetlaw	1,101 (37%)	827 (28%)	1,082 (36%)
Broxtowe	945 (37%)	753 (29%)	869 (34%)
Gedling	1,233 (36%)	1,018 (30%)	1,147 (34%)
Mansfield	1,045 (32%)	897 (27%)	1,378 (42%)
Newark & Sherwood	1,129 (37%)	838 (28%)	1,070 (35%)
Rushcliffe	865 (37%)	907 (39%)	547 (24%)
Nottinghamshire	**7,546 (35%)**	**6,260 (29%)**	**7,826 (36%)**

Source: Census, 2011

Children of prisoners

Children of prisoners also experience higher levels of social disadvantage than their peers[18]. There is no reliable, routinely recorded information on the parental status of prisoners or systematic identification of their children, where they live or which services they are accessing. It is estimated that 7% of youngsters will see their father imprisoned during their school years[19] and approximately 200,000 children in England and Wales experience the imprisonment of a parent every year[20]. Applying the 7% estimate to Nottinghamshire would mean that around 8,000 of the county's school aged children and young people will see their father imprisoned during their school years.

Statistics relating to the children of prisoners include:

- The cost of having a family member in prison is estimated to be over £200 a month (e.g. cost of transport for visits and money given to the prisoner for canteen items).

[18] Murray, J. and Farrington, D. (2005) Parental imprisonment: effects on boys' anti-social behaviour and delinquency through the life-course. Journal of Child Psychology and Psychiatry 46: 1269-1278
[19] Department for Education – www.education.gov.uk/publications/standard/publicationDetail/Page1/CM5860
[20] Ministry of Justice (2012) Prisoners' childhood and family backgrounds

- Imprisonment costs state agencies (NHS, social services etc.) an average of £5,860 per family over six months[21].
- 65% of boys with a convicted parent go on to offend[22].
- Children of prisoners have three times the risk of mental health problems and of anti-social/delinquent behaviour compared to their peers[23].

While there is a strong correlation between parental imprisonment and poor child outcomes, research does not prove a causal link. There is little conclusive evidence on whether imprisoning parents actually causes these outcomes for children, or makes poor outcomes even poorer. Nonetheless, it is clear that children of prisoners are, for multiple reasons, at higher risk than the wider child population and likely to require extensive support.

[21] Action for Prisoners' Families, September 2012
[22] Social Exclusion Unit Report (2002) Reducing the risk of re-offending by ex-prisoners
[23] Murray J (2007) Research on the effects of parental imprisonment on children (section of Social Care Institute for Excellence report written by Joseph Murray, not published)

1.9 Child Poverty[24] (last updated March 2013)

Key Messages

1. 27,950 children and young people aged 0-19 were identified as living in poverty across Nottinghamshire in 2010, which equates to 17.1% of the 0-19 population.

2. There are fewer children in poverty in Nottinghamshire than in England (20.6%) and the East Midlands (18.7%).

3. The spread of child poverty across the county is not equal, with greater levels in central and northern districts. However, all districts have wards with over 10% of children living in poverty.

4. There are 42 wards in Nottinghamshire identified as 'target wards', where child poverty levels exceed the national figure of 20.6%.

5. Ravensdale Ward in Mansfield has the highest level of child poverty in the county - 47.2% of children aged 0-19 were in poverty in 2010.

"Individuals, families and groups in the population can be said to be in poverty when they lack the resources to obtain the type of diet, participate in the activities, and have the living conditions and amenities which are customary, or at least widely encouraged or approved, in the societies to which they belong. Their resources are so seriously below those commanded by the average family that they are in effect excluded from the ordinary living patterns, customs, and activities[25]."

Poverty can have a profound impact on children and their families, and the rest of society. It often sets in motion a deepening spiral of social exclusion, creating problems in education, employment, mental and physical health and social interaction. This has been compounded by the economic downturn which is seeing child poverty levels increase nationally and locally.

A partnership of local organisations led by Nottinghamshire County Council has published a detailed child poverty needs assessment and subsequent strategy which aims to reduce levels of child poverty and alleviate the negative impact of poverty on children.

More information is available at www.nottinghamshire.gov.uk/childpoverty.

[24] **Supporting documents**:
- Building Aspiration: Working Together to Tackle Child and Family Poverty in Nottinghamshire (September 2011) http://cms.nottinghamshire.gov.uk/childandfamilypovertystrategy0911.pdf
- Child Poverty Data Sets http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm
- Nottinghamshire Child Poverty Needs Assessment (February 2011) http://cms.nottinghamshire.gov.uk/nottschildpovertyneedsassessmentfinal240211.pdf
- Nottinghamshire Child Poverty Service Mapping Exercise (January 2011) http://cms.nottinghamshire.gov.uk/nottschildpovertyservicemappingreportfinal140111.pdf
- Nottinghamshire Child Poverty Strategy Equality Impact Assessment (September 2011) http://www.nottinghamshire.gov.uk/thecouncil/democracy/equalities/eqia/archivedeqia/?entryid134=195854
- Nottinghamshire Tackling Child Poverty Summary of Literature Review Findings http://cms.nottinghamshire.gov.uk/childpovertysummaryofliteraturereviewfindings15feb11.pdf

[25] Peter Townsend (1979) ' Poverty in the UK' p 31 as cited on Child Poverty Action Group website (09.09.10)

1. What do we know?

1.1. Facts and Figures

a) What is the impact on health and wellbeing?

Poverty damages childhoods. Some families cannot, for example, afford to keep their homes warm or pay for basic necessities and activities, such as three meals a day, school uniforms or social outings. Children who grow up in poverty lack many of the experiences and opportunities that others take for granted, and can be exposed to severe hardship and social exclusion. Poor children are less likely to achieve higher level skills and qualifications, which are critical to enter the workforce and progress in work, as well as to thrive in other areas of life. This in turn reduces economic productivity and stunts economic growth, limiting the UK's ability to compete in the global economy. Unemployment is often strongly linked to unemployment in previous generations, meaning children living in low income or workless families are considered to be most at risk of struggling to find work in later life[26].

Poverty can have a profound impact on health and wellbeing outcomes as the following suggests[27]:

- Children in poor families are ten times more likely to die suddenly in infancy.
- Children in poor families are twice as likely to die at birth or in infancy, a gap that has widened in recent years.
- Babies in the 20% most deprived areas have a lower average birth weight which causes health risks through adulthood.
- Children living in poverty have worse health than their peers; continuous health improvement among those in higher incomes is widening health inequalities.

Furthermore the Millennium Cohort Study which has been tracking 18,000 children born in 2000 has found that poorer children are more likely to suffer from limiting chronic illness in the following ways:

- One in six have a chance of developing asthma, compared to one in 16 for the richer group.
- They are more likely to have an asthma episode that requires admission to hospital.
- They have increased risk of ear infections and tooth decay.
- They are more prone to sudden illness, for example acute infections such as pneumonia and respiratory illness.

The Millennium Cohort Study[28] also identified that children born into poverty have significantly lower cognitive behaviour test scores at ages three, five and seven, and that continually living in poverty in their early years has a cumulative negative impact on cognitive development. Long term influences of childhood poverty on lifetime health are clear, for example adults who had a low birth weight (i.e. less than 2.5kg at birth) are:

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[26] Blanded J & Gibbons S (2006) *The perspective of poverty across generations: a view from two British cohorts.* Joseph Rowntree Foundation

[27] Spence, Nick (2009) *Health Consequences of Poverty for Children,* End Child Poverty

[28] Dickerson A, Popli G (2012) *Persistent poverty and children's cognitive development: Evidence from the UK Millennium Cohort Study*. Centre for Longitudinal Studies http://www.cls.ioe.ac.uk/page.aspx?&sitesectionid=851&sitesectiontitle=Welcome+to+the+Millennium+Cohort+Study

- 25% more likely to die from heart disease.
- Four times more likely to have Type 2 Diabetes which is linked to poverty.
- 50% more likely to report a limiting illness[29].

b) Groups most at risk of poverty

The risk of sub-groups of children being poor varies hugely by household characteristics. Those children at greatest risk of poverty include children living in workless households; children living in a family headed by someone from some minority ethnic groups (especially someone of Pakistani/ Bangladeshi origin); children in large families; and children with a disabled person in the household[30].

The Nottinghamshire Child Poverty Partnership published a thorough needs assessment which identified the following groups who are most at risk and in need of targeted interventions across Nottinghamshire:

- Pregnant teenagers, teenage parents and their children
- Children with one or more disabled adults
- Children with special educational needs and disabilities
- Young carers
- Children of parents who use alcohol or substances
- Families on low-incomes
- Children in lone-parent families especially where the parent is not working
- Large family households with more than three children
- 16-18 year olds not in education, employment and training
- People with low skills - these are individuals who leave school with low levels of formal attainment
- Families with parents on low pay
- Social housing tenants, those in properties unfit for purpose and the homeless
- Homeless young people
- Families experiencing domestic violence
- Some Black & Minority Ethnic groups, including Gypsy, Roma and Traveller
- Children of offenders
- Young offenders
- Young people who misuse drugs and alcohol
- Looked after children and care leavers.

c) The size of the issue and impact locally

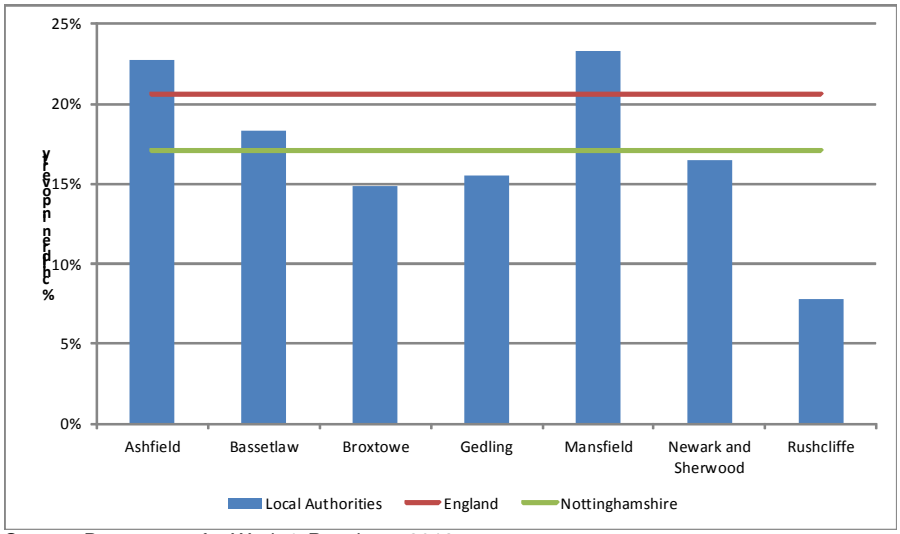
The local child poverty measure is defined as the proportion of children living in families in receipt of out of work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of median income. The data is analysed and provided by the Department for Work and Pensions (DWP). The local child poverty measure is published annually. The latest data for 2010 was published in September 2012.

In 2010 across Nottinghamshire 27,950 children and young people aged 0-19 were identified as living in poverty, which equates to 17.1% of the 0-19 population. There are fewer children in poverty in Nottinghamshire compared to England (20.6%) and the East Midlands (18.7%).

[29] 33 year olds who were disadvantaged aged 7-11
[30] Child Poverty Action Group 'risk of children living in poverty UK 2006/07'

Figure 1.9.1 identifies child poverty levels for each district in comparison with the England and Nottinghamshire proportion of children living in poverty. Only Mansfield and Ashfield have higher child poverty levels than the England average.

Figure 1.9.1 District child poverty levels in comparison with England and Nottinghamshire child poverty levels (2010)



Source: Department for Work & Pensions, 2013

The spread of child poverty across Nottinghamshire is not equal, with greater levels of child poverty located in central and northern districts. Ward level child poverty data indicates a number of wards which experience child poverty levels that are significantly higher than the national, regional and Nottinghamshire levels.

There are 42 wards in Nottinghamshire identified as target wards, where child poverty levels exceed the national figure of 20.6%. All districts with the exception of Rushcliffe have hot spot wards as identified below:

a.	Ashfield	7 out of 15 wards
b.	Bassetlaw	6 out of 25 wards
c.	Broxtowe	5 out of 21 wards
d.	Gedling	4 out of 22 wards
e.	Mansfield	13 out of 19 wards
f.	Newark and Sherwood	7 out of 25 wards
g.	Rushcliffe	0 out of 28 wards

All districts including Rushcliffe have wards with over 10% of children living in poverty[31]. Ravensdale Ward in Mansfield has the highest levels of child poverty across Nottinghamshire - in 2010, 47.2% of children aged 0-19 were in poverty there.

[31] HMSO NI 116 data http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm

d) What is the impact on health and wellbeing locally?

The Nottinghamshire Child Poverty Needs Assessment[32] identified the following:

- Fuel poverty is a significant issue for families in Nottinghamshire.
- Poverty is a key risk factor for teenage pregnancy and parenthood; young women from lower socio-economic groups are also ten times higher than for young women whose family have a professional socio-economic status.
- Smoking prevalence is highest in the routine and manual social group and among mothers under 20 years old, of whom approximately 45% smoke throughout their pregnancy.
- Birth weight has consistently been shown to decrease with lower social status[33]; this is reflective of the Nottinghamshire picture.
- The infant mortality rate in Nottinghamshire, 4.9 per 1000 live births, does not differ significantly from that of national or regional comparators. Ashfield has the highest levels of infant mortality.
- Acute illnesses are more likely to affect poor children. They are at greater risk of hospital admission and are more likely to experience multiple admissions before the age of three[34].
- Mansfield and Bassetlaw had significantly higher emergency hospital admission rates than England and other districts within the county. High emergency admission rates are associated with deprivation, which explains much of the variation between districts.
- Issues related to socio-economic deprivation across the county have a considerable influence on levels of need, with more deprived areas generally having higher risk factors for poor emotional and mental health in children and young people.
- Males living in the least deprived areas in the NHS Nottinghamshire region can expect to live nine years longer than those living in the most deprived areas. The gap is seven years for females in Nottinghamshire. For NHS Bassetlaw the inequalities gap is narrower: males living in the least deprived areas can expect to live seven years longer and females four years longer than those born in the most deprived areas.
- There is a positive relationship between obese and overweight children and deprivation in Nottinghamshire for both sexes, especially in Year 6[35].
- Twice as many children and young people classified as from lower socio-economic groups never do sport.
- Children and young people at risk of substance use are those who are also at greater risk of living in poverty. Homeless young people, young people abused through prostitution, teenage mothers and young people not in education, employment or training are just some of the groups identified as being at risk of problematic substance use. Many of those at risk live in our most deprived communities.

[32] Nottinghamshire County Council (2011) Child Poverty Needs Assessment www.nottinghamshire.gov.uk/childpoverty
[33] N Spencer *Health Consequences of Poverty for Children*. End Child Poverty 2008
[34] N J Spencer, M A Lewis and S Logan, 'Multiple Admission and Deprivation', Archives of Disease in Childhood 68, 1993, pp760-62).
[35] Nottinghamshire JSNA September 2010

- Children and young people eligible for free school meals are less likely to achieve academically and are more likely to be excluded than the rest of the school population.
- People living in poor households and financially insecure households are more likely to suffer from domestic violence. However, the correlation between poverty and domestic violence does not mean that domestic violence is not found in better off households as well[36]. Domestic violence can also lead to poverty as it makes it more difficult for women to hold down jobs and can increase ill health. Furthermore, unemployment and lack of economic resources may make it harder for them to leave a violent partner.
- Children with one or more disabled adults have a 30% chance of being in relative poverty[37]. Only 16% of mothers with disabled children work, compared to 61% of other mothers.
- There are more fire and rescue incidents in areas of greatest deprivation.
- Gypsy, Roma and Traveller (GRT) communities face greater risk of children living in poverty and experience a range of poor outcomes. By far the highest concentration of the GRT population is in Newark & Sherwood.
- Rural poverty is an issue in Nottinghamshire. Almost 25% of income deprived households in Nottinghamshire live in rural households[38]. Furthermore almost a quarter of all children and young people in income deprived households live in rural areas in Nottinghamshire. Over 6,000 children in rural areas live in households were nobody works.
- Teenage parents are most likely to live in areas of greatest deprivation; teenage conception hot spots are comparable with child poverty hot spots across Nottinghamshire, with highest rates in Mansfield.
- Crime and anti-social behaviour hot spot wards correlate in the main with child poverty target wards across Nottinghamshire. The public perception of parents taking enough responsibility for the behaviour of their children also generally shows a relationship with the county's picture of deprivation.

e) Trends and projections

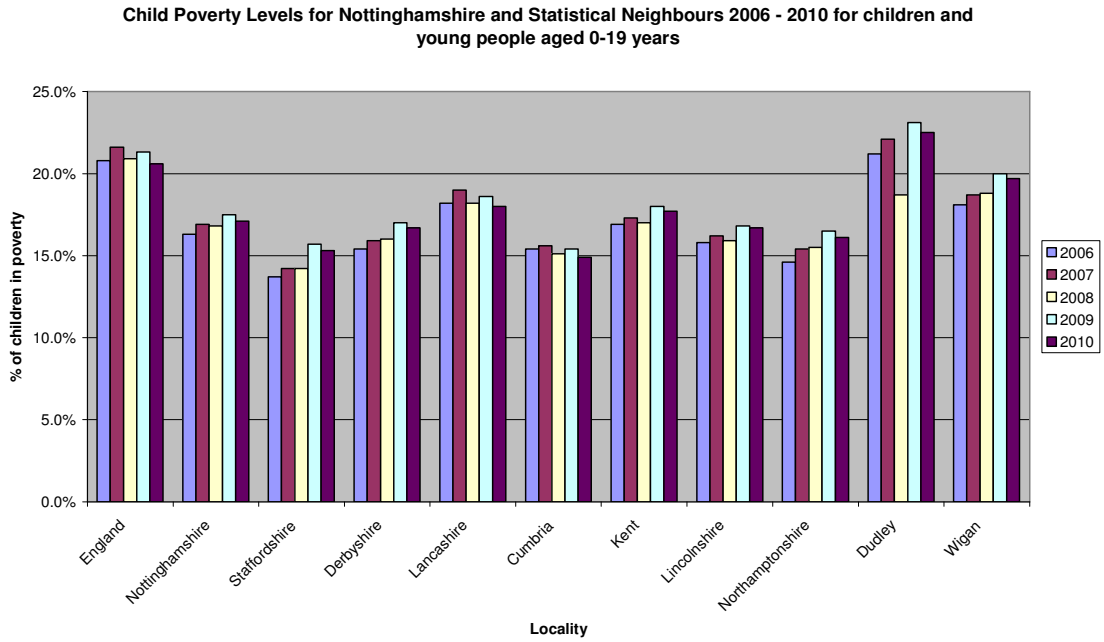
Child poverty figures are predicted to rise over the next few years. The Institute of Fiscal Studies[39] has predicted that relative child poverty will stand at 24% by the financial year 2020/21 – significantly more than the targets of 10%, set out in the Child Poverty Act 2010. The Institute of Fiscal Studies has also predicted that the median income of families in the UK is predicted to fall by 7% between 2009/10 and 2012/13. This would equate to the largest three-year fall in income for 35 years. A recent study of GP's identified that 76% of GP's believed the economic downturn has had a negative impact on patient health in the last four years[40]. The same study identified that alcohol abuse and mental health conditions have increased which can have a damaging consequence for children living in these households.

[36] Mirrlees-Black, British Crime Survey 1999
[37] Households Below Average Income 2008/2009 http://statistics.dwp.gov.uk/asd/index.php?page=hbai
[38] Rural Community Action Nottinghamshire, http://www.rcan.org.uk
[39] Brewer M, Browne J, Joyce R (2011) 'Child and working-age poverty from 2010 to 2020'; Institute of Fiscal Studies
[40] Insight Research Group (2012) *The Austerity Britain Report – the impact of the recession on the UK's health, according to GP's* http://www.insightrg.com/downloads/austerity-britain-key-findings-august-2012.pdf

f) How do we compare with others?

2010 data identified that child poverty levels have increased for all of Nottinghamshire's statistical neighbours since the baseline year with the exception of Cumbria; Nottinghamshire's increase in child poverty levels is therefore comparable with progress in similar local authority areas for 2010.

Figure 1.9.2 Child poverty data comparisons by statistical neighbour (2006-2010)



Source: Department for Work & Pensions, 2013

1.2. Targets and Performance

Reducing child poverty to 10% by 2020 is a national target owned by central Government. However, Nottinghamshire is keen to compare progress alongside national data, statistical neighbours and across districts, so reviews and analyses child poverty data annually.

The Nottinghamshire Child and Family Poverty Strategy[41] is based on a series of pledges made by each partner, including Nottinghamshire County Council. These pledges form the basis of the implementation and performance management of the Strategy. Pledges include a wide range of interventions, such as raising aspirations of children and young people, improvements in educational attainment for children eligible for free school meals and improving outcomes for young carers.

A full list of these pledges is included in the Nottinghamshire Child and Family Poverty Strategy. Annual performance of the Strategy is shared with the Nottinghamshire Children's Trust and Health and Wellbeing Board each year.

[41] Nottinghamshire County Council (2011) *Building Aspiration: working together to tackle child and family poverty in Nottinghamshire* http://cms.nottinghamshire.gov.uk/childandfamilypovertystrategy0911.pdf

1.3. National and local strategies

Child Poverty Act (2010)	http://www.legislation.gov.uk/ukpga/2010/9/contents
Building Aspiration: Working Together to Tackle Child and Family Poverty in Nottinghamshire (September 2011)	http://cms.nottinghamshire.gov.uk/childandfamilypovertystrategy0911.pdf
Nottinghamshire Children, Young People and Families Plan 2011-14	http://www.nottinghamshire.gov.uk/caring/childrenstrust/childrenyoungpeopleandfamiliesplan2011to2014/
Child Poverty Data Sets	http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm
Nottinghamshire Child Poverty Needs Assessment (February 2011)	http://cms.nottinghamshire.gov.uk/nottschildpovertyneedsassessmentfinal240211.pdf

1.4. Current activity and service provision

The Child Poverty Act 2010 placed new statutory duties upon top tier local authorities and their named partners to prepare a joint child poverty strategy which set out the measures that the local authority and each partner propose to take to reduce and mitigate the effects of child poverty in their area.

As mentioned above, the Nottinghamshire Child and Family Poverty Strategy was developed by asking partners to make organisational pledges to tackle poverty. Organisations were asked to shape their pledges based on a series of recommendations made in the local child poverty needs assessment[42].

The following priorities have been highlighted in the implementation of the Child and Family Poverty Strategy:

- Target localities of Nottinghamshire with greater levels of poverty to ensure outcomes in these areas are improved and children and families thrive in safe, cohesive communities and neighbourhoods.
- Increase educational attainment, employment and skills amongst children, young people and parents in Nottinghamshire; reduce dependency on welfare benefits and ensure work pays.
- Raise aspirations and improve the life chances for children and families so that poverty in childhood does not translate into poor experiences and outcomes.
- Support families to acquire the skills and knowledge to access responsive financial support services, money management and debt crisis support.
- Support families with complex problems compounded by poverty and disadvantage.

The Nottinghamshire Child Poverty Strategy brings together existing activity and initiatives that contribute to the overall aims of the Strategy, for example improving the educational attainment of children eligible for free school meals. There are no dedicated services established to focus on child poverty, as activity is embedded

[42] Nottinghamshire County Council (2011) *Nottinghamshire Child Poverty Needs Assessment* http://cms.nottinghamshire.gov.uk/home/learningandwork/childrenstrust/childpoverty/childpovertyservicemapping.htm

within the work of Nottinghamshire County Council, district councils, Public Health, Police, Probation, Jobcentre Plus as well as the voluntary and community sector including the Citizens Advice Bureau and credit unions.

An example of activity which supports the Child Poverty Strategy vision is the Family Nurse Partnership. The work is highlighted within a pledge from Public Health, which has co-ordinated the work. The Family Nurse Partnership is an intensive evidence based preventive programme for vulnerable, first time young parents that begins in early pregnancy and ends when the child reaches two years of age. The programme goals are to improve antenatal health, child health and development and parents' economic self-sufficiency. The Family Nurse Partnership is known to improve the following outcomes:

- improvements in antenatal health
- reductions in children's injuries, neglect and abuse
- improved parenting practices and behaviour
- fewer subsequent pregnancies and greater intervals between births
- improved early language development, school readiness and academic achievement
- increased maternal employment and reduced welfare use
- increases in fathers' involvement.

1.5. Evidence of what works

There is a wealth of information identifying routes out of poverty and improving outcomes for the most disadvantaged children and families. Nottinghamshire has produced a summary of evidence of what works to lift children and families out of poverty, as well as what works to mitigate against the effects of poverty. This information has been used by partners to help shape their contributions to the local strategy. The literature review summary is available from www.nottinghamshire.gov.uk/childpoverty.

Examples included in the review:

- Work is the most important route out of poverty for working-age people, but not a guaranteed one[43].
- For some economically inactive people, especially severely disabled people, paid employment is not a realistic option. In these cases, increases in social security benefits could be the most important ladder out of poverty[43].
- Success in education and training is an increasingly important route out of poverty for young people, but there is evidence of increasing polarisation between those who stay on and gain qualifications and those who do not.
- Maintenance payments can be a ladder out of poverty and into work (by acting as a wage supplement) if they are regular and not offset by falls in benefit[44].
- Basic benefits need to provide an adequate foundation for improvement in families' lives, enabling them to avoid hardship and debt[45].

[43] Kemp P, Bradshaw J, Dornan P, Finch N & Mayhew E(2004) 'Routes out of poverty' (Joseph Rowntree Foundation) www.jrf.org.uk/publications/routes-out-poverty
[44] Kayte Lawton (2009) 'Nice work if you can get it – achieving a sustainable solution to low pay and in-work poverty' (Institute for Public Policy Research) www.ippr.org.uk/publicationsandreports/publication.asp?id=641
[45] Donald Hirsch (2008) 'What is needed to end child poverty in 2020? Reviewing the Evidence' Joseph Rowntree Foundation

- Interventions that target children and their families through birth to the age of five are important in ensuring that families are supported early to enable the improvement of children's life chances[46].
- Schools should be doing more to raise the aspirations of parents as well as their children to improve the attainment of poorer children[47].

2. What does this tell us?

2.1. What are the key inequalities?

The Nottinghamshire Child Poverty Strategy offers a range of universal and targeted interventions. Universal activity engages all children aged 0-19 and their parents and carers across Nottinghamshire. Targeted provision targets children and families who live in poverty, i.e. those with an income less than 60% of the median income (before housing costs), as well as groups of children and families at risk of being in poverty.

An equality impact assessment was published in September 2011and identified the following:

Age: The Strategy works with all ages including children (0-19), and carers including parents and grandparents. The Strategy will not target adults who are not parents or carers. These groups, however, will still be able to access universal services and services to support employment for the unemployed.
Disability: There will be no adverse or negative impact on disabled children and parents. The Strategy targets children and parents with disabilities as a key target group at risk of poverty. Their needs have been assessed in the Child Poverty Needs Assessment and subsequent actions in the Strategy aim to address their needs in relation to poverty. Disabled adults who are not parents are not a target group for the Strategy; however, they will continue to be able to access health and social care support depending on their levels of need. The Strategy also actively targets young carers who are also likely to be in poverty and so the Strategy will not have a detrimental impact on them.
Gender (includes gender reassignment, pregnancy and maternity): There will be no adverse or negative impact on young men or young women resulting from the Child and Family Poverty Strategy for Nottinghamshire. It is recognised however that single parents and teenage parents are a key target group for the Strategy. Women are more commonly the sole carers so are a key target group. However, fathers are also a key target group for interventions and will not be excluded from interventions. We also know that young men are less likely to access some educational opportunities and are at risk of low educational attainment so plans will be put in place to address this. However, gender as such is not a risk factor for child poverty, so all genders are targeted through actions agreed in the Strategy.
Race: Originally there were no specific actions relating to BME groups included within the pledges of the Child and Family Poverty Strategy, despite gypsy and traveller groups being highlighted as at risk. Their needs, however, are highlighted in the Child Poverty Needs Assessment and, following an earlier equality impact assessment,

[46] Frank Field (2010) 'The Foundation Years: preventing poor children becoming poor adults' http://povertyreview.independent.gov.uk/

[47] Goodman A & Gregg P (2010) 'Poorer children's educational attainment: how important are attitudes and behaviour?' (Joseph Rowntree Foundation) http://www.jrf.org.uk/publications/educational-attainment-poor-children

there are now new actions in the Strategy to assess their needs. The needs of other BME groups across Nottinghamshire are included in the Child Poverty Needs Assessment. However, there was a lack of data specifically addressing BME groups. Nationally we know that some BME groups are at risk of child poverty. Locally, because numbers are small, not all services have been able to provide data specific to ethnic origin, which creates a challenge when shaping a strategy to address unmet need. Further work is required to understand their specific needs. Nevertheless BME groups are being proactively targeted in the Strategy where national evidence states a group is at risk of poverty. There will be no adverse or negative impact on different ethnic groups resulting from the Child and Family Poverty Strategy for Nottinghamshire.
Religion or belief: There will be no anticipated adverse or negative impact on different faith groups resulting from the Nottinghamshire Child and Family Poverty Strategy. Religion or belief has not been identified as a factor linked to child poverty so is not mentioned in the Strategy. It is important, however, to ensure that there is no unmet need linked to child poverty so we will include in a subsequent refresh of the Child Poverty Needs Assessment.
Sexual orientation: Sexual orientation is not a factor linked to child poverty, so is not mentioned in the Strategy. There is no anticipated adverse or negative impact on lesbian, gay, bisexual or transgender groups through Nottinghamshire's Child and Family Poverty Strategy.

2.2. Where are the gaps in service?

A service mapping exercise was published in 2011 to support the development of the Nottinghamshire Child Poverty Needs Assessment. Its findings highlight the following issues:

- The service mapping exercise was not a comprehensive picture of what was happening across Nottinghamshire but it did provide a flavour of what was happening locally. There were no responses from the private sector and the exercise did not identify activity that was happening informally within communities.
- It is clear from the results that only a few services are dedicated to reducing poverty directly. Services including the Citizens Advice Bureau (CAB) and Jobcentre Plus were only a few of the services in place which work to lift families out of poverty. In the main, organisations have focused on reducing the impact of poverty on children and families, in particular working with target groups and localities.
- At the time of carrying out the service mapping exercise many services and organisations were still unclear as to what would be sustained in the next financial year, so it was a challenge to identify the exact gaps in service interventions.
- However, gaps were identified by respondents, who highlighted funding issues as creating a number of gaps in service provision, notably provision for welfare rights and CAB, as well as dedicated posts and services for target groups such as kinship carers and gypsy and traveller services. Other gaps were also identified, including the need for more integrated working, such as offering holistic services, data sharing, and improved communication.

The service mapping report made the following recommendations:

- It would be advisable to carry out in depth service mapping exercises within the child poverty hot spot wards across Nottinghamshire to identify what interventions are in place, their impact and what children and families living in those areas need. This could be replicated by district councils with their partners to select wards or Lower Super Output Areas within their locality. This would enable the areas of greatest disadvantage in more affluent areas, such as Rushcliffe and rural areas, to have their needs fully identified and addressed.
- Improved monitoring information is needed to enable commissioners and planners to identify if those most in need are accessing services and how they found out about the services available. This could include postcode data as well as information about who referred or signposted them to a service.
- Further work is needed to ensure services continue to work with each other through integrated approaches. Families seem to be signposted to a range of services; further work is needed to ensure there are more holistic services e.g. more services under one roof, and/or increasing the skills levels of practitioners to move towards holistic information, support and guidance.
- There is a need to engage the private sector to identify how they work to tackle child poverty, for example through creating jobs, debt management and economic regeneration.
- There are a number of services already working with families and parents/carers. Further work is needed to engage parenting commissioners and planners to ensure organisations are able to work on the child poverty agenda, for example supporting parents into employment.
- Child poverty is an area that could be linked to help empower communities to work together to highlight service gaps and local barriers to employment, as well as agree local approaches to tackle child poverty. Volunteering, for example, could be encouraged as it will improve skills, confidence and job prospects.

2.3. Where are the gaps in knowledge?

Whilst developing the child poverty needs assessment, a number of gaps in knowledge were identified. These gaps and additional areas requiring further analysis are listed below:

i) **Systematic monitoring** to identify if service users are parents or carers can be a real challenge for services working with adults and young people. Without this monitoring, it is hard for us to assess need across a locality and is problematic for services who do not offer holistic support to service users, because they are unaware of the issues affecting an individual or family. Improved monitoring processes enable the secure sharing of relevant information between agencies. Systematic assessment and support of the child, combined with a 'Think Family' approach, would maximise outcomes for both the child and the family.

ii) **Parental ill health** is an area also worth exploring more locally - for many parents who do not meet the thresholds for adult social care interventions, it is unclear what services are offered to support them to gain employment or access their benefit entitlements.

iii) Research should be undertaken into the needs of children and families living in the more rural areas of the county. **Rural poverty** is often hidden because

of the spatial scale in which areas are categorised as 'deprived'. As there are low population densities in rural areas, and poorer and more affluent families live in the same neighbourhood, the process of averaging when classifying areas as 'deprived' means that the poorer households can be averaged out.

iv) **Unemployment data for 18-25 year olds** should be identified separately from the total working age population as this age group are at particular risk of unemployment, compounded further if they are single parents.

v) **Analysis of child protection cases and poverty** has yet to be undertaken locally. National evidence and local anecdotal evidence suggest that poverty is a common factor in most cases where there are safeguarding concerns for a child. However, analysis has yet to be undertaken to identify a local picture.

vi) The number and geographical spread of **young carers** in the county is unclear, so it is impossible to identify trends or hotspots. More research would help to understand the extent of the issue across the county and the support needs of these children and young people.

vii) Census data is the only route to access **statistics for overcrowding**. District councils are unable to provide any evidence on the number of social housing tenants who are overcrowded. This is because they do not do an annual check on who is living in a property.

viii) Nottinghamshire lacks consistent data to measure **social mobility** amongst families. It would be useful to agree how socially mobile families are, in particular those living in areas of high levels of child poverty.

ix) There is no available data at a county level on the actual numbers of **families in debt**. It may be worth exploring how this data would be identified and how it would be used to support families to prevent child poverty.

x) There is a lack of data locally on how **BME children and families** are affected by child poverty - data available did not highlight or identify particular issues for these groups.

xi) Local data on how many households with children under the age of 20 are living in **fuel poverty** is not available. Further work is needed to identify data, but also to identify which families are eligible for affordable warmth schemes.

xii) It is a challenge to identify if families experiencing greatest levels of poverty are **accessing services**. For example, it is hard to know if young people from households in poverty are accessing apprenticeships. Services need to consider how they ascertain if those in poverty access their provision, such as monitoring postcode data to see if they live in areas of greatest poverty. Identifying which district service users live in is not enough to confirm if families in need are engaging with services.

xiii) The estimated **take up of income related benefits** is not available at a local level. It is a challenge therefore to identify which groups do not take up income related benefits that they may be entitled to.

2.4. What is on the horizon?

National welfare reforms are being developed and implemented from April 2013. It is too early to tell if these reforms will positively or negatively influence the numbers of children in poverty.

The main elements of the 2012 Welfare Reform Act are:

- the introduction of Universal Credit to provide a single streamlined payment that will improve work incentives.
- a stronger approach to reducing fraud and error with tougher penalties for the most serious offences.
- a new claimant commitment showing clearly what is expected of claimants while giving protection to those with the greatest needs.
- reforms to Disability Living Allowance, through the introduction of the Personal Independence Payment to meet the needs of disabled people.
- creating a fairer approach to Housing Benefit to bring stability to the market and improve incentives to work.
- driving out abuse of the Social Fund system by giving greater power to local authorities.
- reforming Employment and Support Allowance to make the benefit fairer and to ensure that help goes to those with the greatest need.
- changes to support a new system of child support which puts the interest of the child first.

The Joseph Rowntree Foundation has highlighted a number of benefits of the reforms. However, it has also identified that there will be fewer incentives for some people to find employment. *"Whilst the Universal Credit could take people out of poverty by making them more likely to enter jobs (especially short-hours jobs), there is a risk that the system will not help them progress into sustainable work. And we know from our research that poorly-paid, insecure work does not provide lasting routes out of poverty. However, a flexible and sensitive welfare system is only one element in any anti-poverty strategy. Jobs need to pay enough, training needs to be available to allow for progression and we must remember the need for flexible and affordable child-care that enables parents to work. To make a real difference, we need to tackle poverty in a holistic and comprehensive manner"*[48].

3. What should we be doing next?

- Commissioners and planners should be encouraged to take an active approach in addressing gaps in service provision and ensuring existing services are able to tackle child poverty by helping to lift families out of poverty as well as mitigating against the effects of poverty.
- It would be worthwhile to examine the local services and infrastructure in the wards with the highest levels of child poverty; some districts have been able to secure information to help build a picture of the services available and potential barriers for children and families. However, this has not been consistently done across all wards. It would be recommended to start to examine the wards where child poverty levels are over 20% initially.
- The Nottinghamshire Child Poverty Partnership should be supported to fulfil their action plan to address gaps in data and the way that services monitor activities and assess needs.
- Commissioners, planners and workforce development leads ought to support organisations to build on their skills to measure the impact of their interventions.

[48] http://www.jrf.org.uk/media-centre/response-welfare-reform-bill

- It is advisable that child poverty is fully considered by workforce development leads across agencies to ensure training needs are further identified and addressed. This should include skills to offer financial support, welfare rights and financial management skills to families and children in need.
- Nottinghamshire County Council and its partners should monitor the impact of the worsening economic climate on child poverty levels, ensuring that they have current data to enable continued targeting for those most in need and ensuring organisations that they commission work with these groups.

JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE

Children and Young People

2. Health

Contents **Page**

2.1 Maternity and early years (last updated September 2010)

Key Messages

1. The birth rate in Nottinghamshire is significantly lower than both the England and the East Midlands average. However, there is projected to be a 9% increase in the under-5 population over the next 20 years.

2. 24% of mothers giving birth in hospitals providing care in the north of the county smoke at the time of delivery. This is well above the national and regional average of around 15%. Research evidence shows that smoking in pregnancy is associated with low birth weight and higher infant mortality rates.

3. In 2007, 621 babies were born with a low birth weight, representing 7.2% of all births. Mansfield and Ashfield have a significantly higher proportion of low birth weight births (9.2% and 8.3% respectively) than, for example, Broxtowe (5.6%). The proportion of low birth weight babies increases with deprivation levels in the county. Across Nottinghamshire County in 2007, the proportion was not significantly different from East Midlands and England rates.

4. The numbers of women who initiate breast feeding is high (over 75% in NHS Nottinghamshire County, approximately 63% in NHS Bassetlaw) but a large proportion of mothers stop breast feeding within 6 – 8 weeks of the birth of their child, with less than 40% continuing at this stage.

5. There is extremely low uptake of available vouchers to buy fresh fruit and vegetables and free vitamin supplements (for mother and baby) by those who are eligible for them. It is well established that poor maternal and infant nutrition affects long term health outcomes.

The early years population

Projections estimate that there will be an increase of 9% in the population of 0-4 year olds in Nottinghamshire in the period 2010 to 2030. Table 2.1.1 shows the population and the current proportion of young children in Nottinghamshire compared to the national average.

In 2008, Nottinghamshire had a population of 8,500 under one year olds. Ashfield has the largest population in this age category with an estimated 1,400 under one year and also the largest proportion of children less than one year old (1.3%). All the other local authorities have a proportion of between 1.0% and 1.2% of children under one year in their populations, which is slightly lower to the national average of 1.3%.

Table 2.1.1 Population size by age groups and proportion of under one year olds for England, East Midlands, Nottinghamshire and districts (mid 2008 estimates, in 1000's)

	Population size			
	All Ages	**Under 1 year olds**	**Age 1-4**	**Under 1 year olds as % of total**
England	51,092.00	641	2397.7	1.3%
East Midlands	4,399.60	51.5	196.3	1.2%
Nottinghamshire	**771.9**	**8.5**	**32.8**	**1.1%**
Ashfield	115.9	1.4	5.3	1.3%
Bassetlaw	111.7	1.2	4.7	1.1%
Broxtowe	110.9	1.1	4.1	1.0%
Gedling	111.7	1.2	4.6	1.1%
Mansfield	100.1	1.2	4.5	1.2%
Newark & Sherwood	112.6	1.2	4.9	1.1%
Rushcliffe	109	1.2	4.8	1.1%

Source: Office for National Statistics, 2010. [Figures may not sum due to rounding]

Smoking in pregnancy

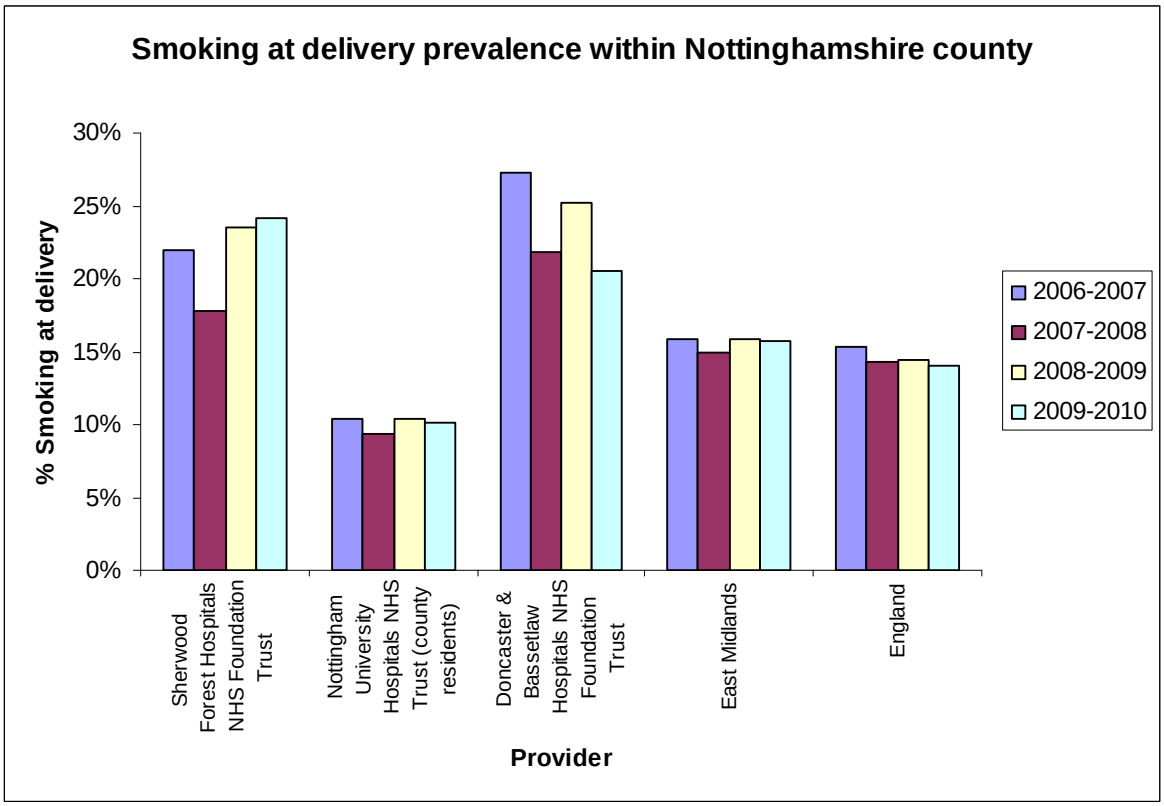
Smoking in pregnancy is a key cause of ill health for both mother and baby. Babies born to women who smoke are 27% more likely to be born prematurely and have an 82% increase in risk of being of low birth weight (less than 2500g) compared to babies born to non smoking mothers. Babies born to mothers who smoke are up to three times as likely to die from sudden unexpected deaths in infancy (SUDI) and smoking in pregnancy increases infant mortality by about 40%[1].

Nationally, smoking prevalence is highest in the routine and manual social group and among mothers under 20 years old, of whom approximately 45% smoke throughout their pregnancy.

Figure 2.1.2 shows the percentage of mothers known to smoke at the time of delivery, data which is collected in hospital at the time of delivery. The latest available data shows that for hospitals providing care to mothers in the north of Nottinghamshire, namely Sherwood Forest Hospitals NHS Foundation Trust and Doncaster and Bassetlaw Hospitals NHS Foundation Trust, smoking rates are well above the regional and national averages. The Department of Health (DH) has set a target of 15% of mothers smoking at delivery by 2010.

[1] Passive smoking and children, Royal College of Physicians 2010

Figure 2.1.2 Percentage of mothers smoking at delivery



Source: NHS Nottinghamshire County, 2010

Births

All areas in Nottinghamshire have seen an increase in the birth rate in the period 2003-2007 (an average increase in the county of 173 births per year), with the greatest percentage increases taking place in Gedling, Mansfield and Bassetlaw. A major challenge for maternity and early years services has been rapidly changing population dynamics both nationally and locally, with a rapid increase in the migrant worker population, particularly women and families from Eastern Europe having an impact on resource use. In the last ten years, NHS spending on maternity services has increased by over 50%.

In Nottinghamshire, the birth rate, as measured by the general fertility rate (GFR), is significantly lower than in both England and the East Midlands (Table 2.1.3). Mansfield has the highest birth rate of 61.60 per 1000 population, significantly higher than the overall county rate of 56.7. The birth rate in Broxtowe, 47.80 per 1000 population, is significantly lower than Nottinghamshire as a whole.

Table 2.1.3 Number of live births and general fertility rate (GFR) by maternal age and place of residence, 2007

			GFR by age group in years					
	Total number of live births	**Overall GFR**	**< 20**	**20 - 24**	**25 – 29**	**30 - 34**	**35 - 39**	**> 40 and over**
England	655357	62.1	25.7	73.2	103.6	110.5	57.4	12.2
East Midlands	52482	59.1	26.5	73.3	110.5	105.3	49.0	9.7
Nottinghamshire	**8566**	**56.7**	**24.1**	**78.3**	**101.2**	**104.6**	**48.2**	**9.4**

Source: Office of National Statistics Birth Statistics 2007, series FM1, no 36

Table 2.1.4 Place of birth by district in Nottinghamshire, January 2008 to December 2008

District	**Number of births in hospital**	**% births in hospital**	**Number of births at home**	**% births at home %**	**Total number of births**
Ashfield	1378	95.8	58	4.0	1439
Bassetlaw	1180	98.3	21	1.7	1201
Broxtowe	1159	96.8	38	3.2	1197
Gedling	1153	96.5	40	3.3	1195
Mansfield	1320	94.6	75	5.4	1396
Newark & Sherwood	1134	94.7	57	4.8	1197
Rushcliffe	1111	97.6	26	2.3	1138.0
Grand Total	8435	96.3	315	3.6	8763.0

Source: Office of National Statistics, 2010
[A small % of births occur elsewhere, hence numbers and % do not add up to 100%]

The data for births in 2008 (Table 2.1.4), shows that Ashfield had the highest number of live births of the district local authorities. Women under the care of midwifery services from Sherwood Forest Hospitals NHS Foundation Trust (typically resident in Ashfield, Mansfield, Newark & Sherwood) have a higher prevalence of home delivery than those living in the southern boroughs of the county and in Bassetlaw. Maternity Matters guidance (DH, 2008) advocates choice for women in relation to place of birth and increasingly other providers are expected to support more women to give birth at home if they wish to do so.

In the Hospital Episode Statistics (HES) dataset relating to Nottinghamshire, 12.3% of mothers did not have ethnicity recorded (either unknown or not stated) between April 2003 to March 2009. Over 90% of those with ethnicity recorded were classified as White or White British, the next largest group was Chinese or other ethnic group (3.8%). The numbers of births in each ethnic group are presented in Table 2.1.5.

Table 2.1.5 Births by maternal ethnicity in Nottinghamshire (April 2003 – March 2009)

Ethnic grouping	Total number of births	Proportion of total births
White or White British	38,766	93.2%
Mixed race	189	0.5%
Black or Black British	187	0.4%
Asian or Asian British	866	2.1%
Chinese or other ethnic group	1,583	3.8%
Nottinghamshire total recorded	41,591	100.0%

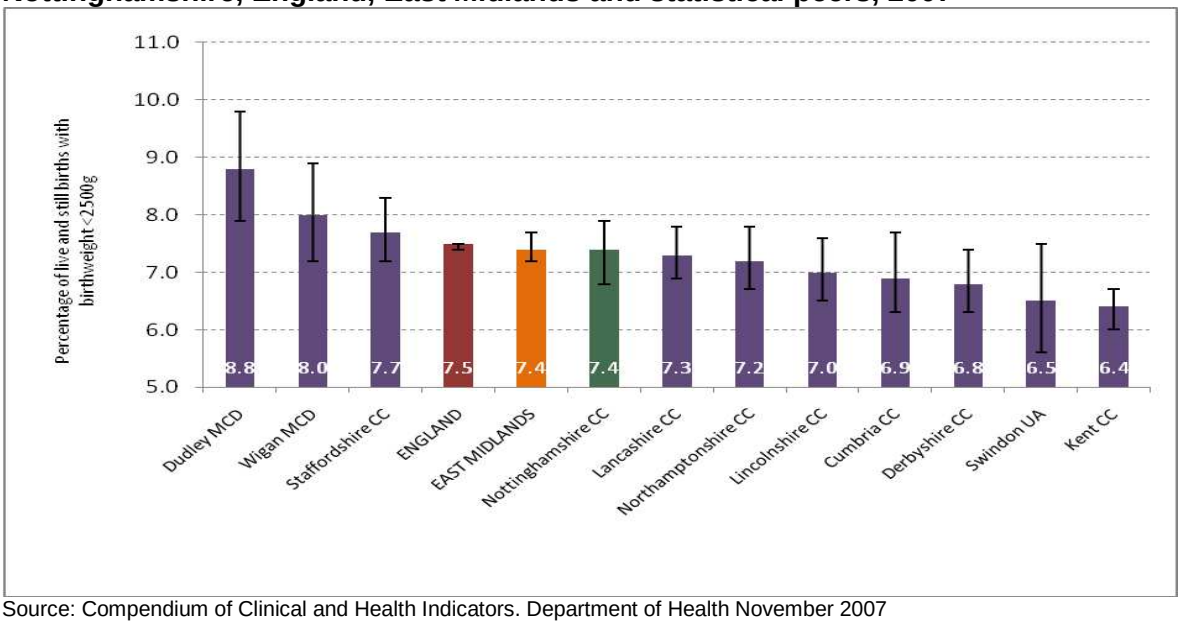
Source: Hospital Episode Statistics 2009 [5826 missing records excluded]

Low Birth Weight

A baby born weighing less than 2500g is defined as low birth weight (LBW) and, if less than 1500g, as very low birth weight (VLBW). Birth weight is a strong predictor of health outcomes in childhood and adulthood. 64% of infant deaths in England and Wales in 2003 were of LBW babies and other adverse health outcomes include poor development of cognitive skills in children and diseases such as diabetes, stroke and lung disease in adulthood. Factors associated with LBW include being from non-white ethnic groups, lone motherhood, deprivation, limiting long-term illness and maternal age[2].

In 2007, there were 621 babies born with LBW in Nottinghamshire, representing 7.2% of all births. Figure 2.1.6 shows the percentage of LBW babies born in Nottinghamshire compared with similar areas (statistical peers) and Figure 2.1.7 shows how LBW varies within the county. The rate of LBW in Nottinghamshire is not significantly different from national or regional rates and is similar to most local authority statistical peers. Within the county, Ashfield and Mansfield have the highest rates of LBW births but these are not significantly different from the county as a whole (Figure 2.1.7). VLBW rates in Nottinghamshire do not differ greatly from regional or national rates.

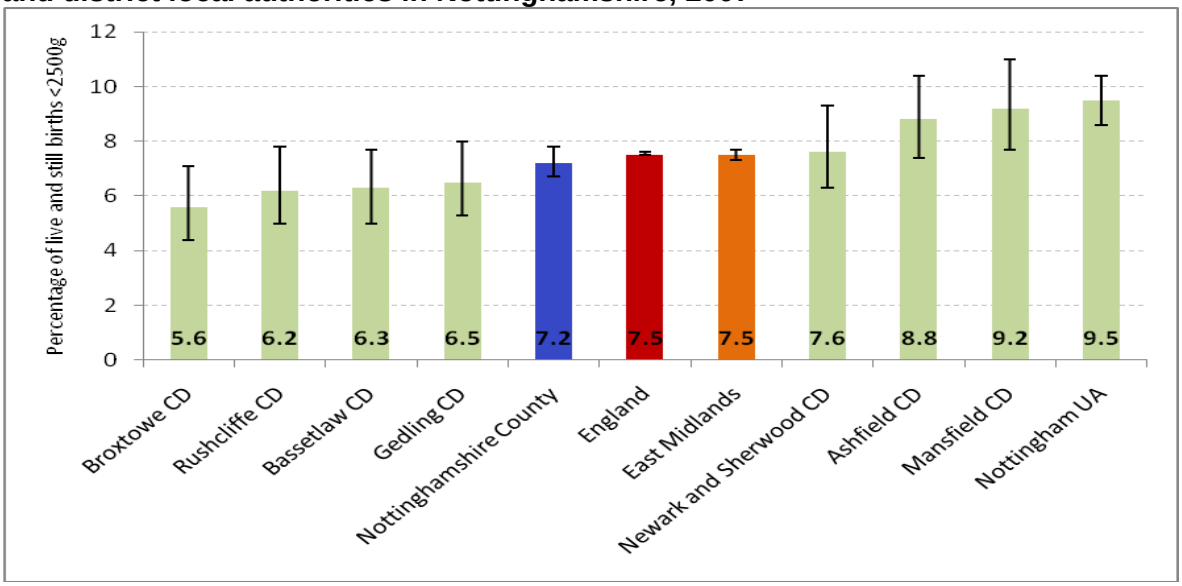
Figure 2.1.6 Percentage of live and still birth babies with birthweight <2500g in Nottinghamshire, England, East Midlands and statistical peers, 2007



Source: Compendium of Clinical and Health Indicators. Department of Health November 2007
[Error bars shown are 95% Confidence Intervals, calculated using the Wilson score method. Indicators which have Confidence Intervals that do not overlap (for different areas) can be described as significantly different.]

[2] Indications of Public Health in the English Regions: Child Health (2009), Association of Public Health Observatories

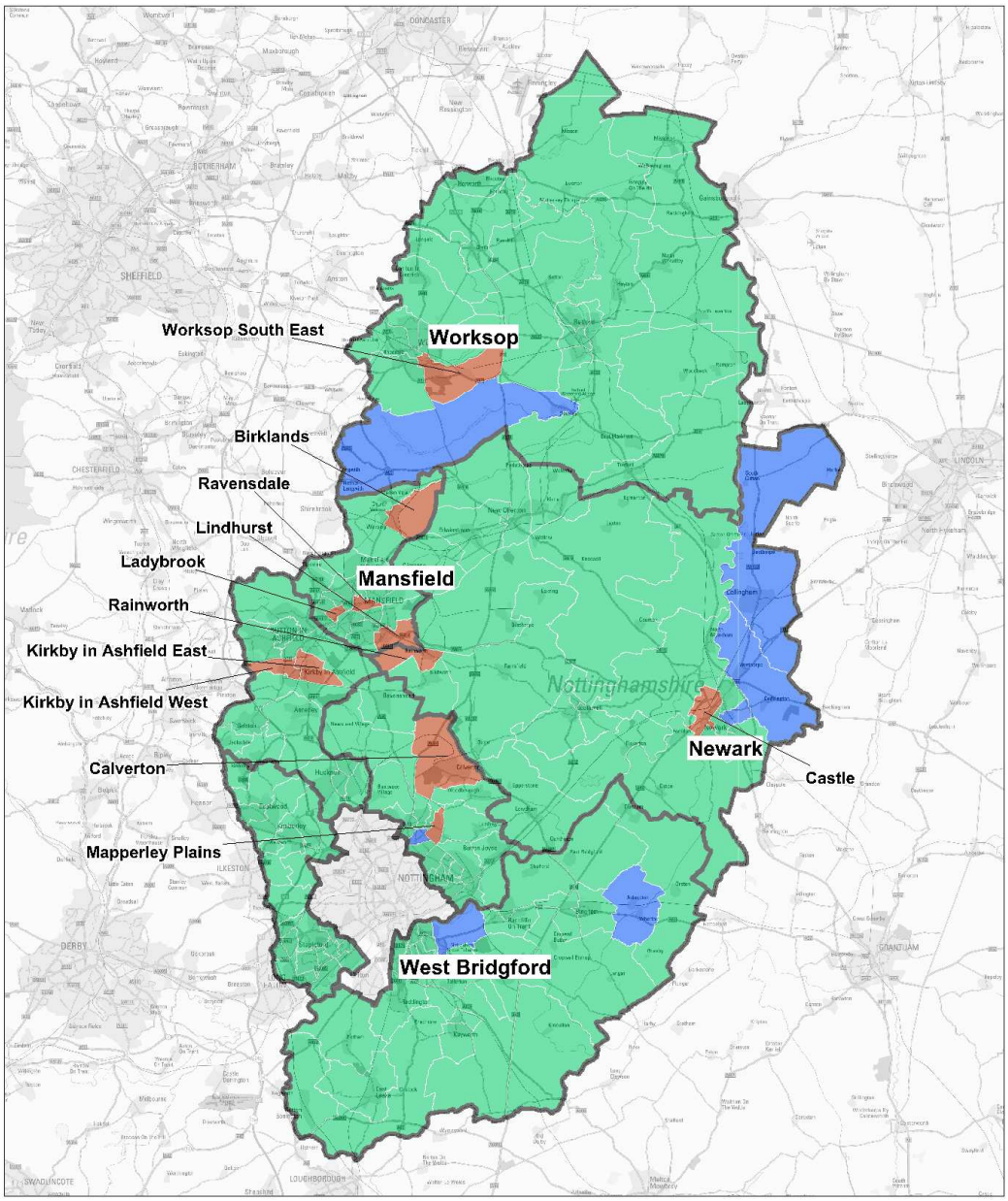
Figure 2.1.7 Percentage of live and still births <2500g, England, East Midlands and district local authorities in Nottinghamshire, 2007



Source: Compendium of Clinical and Health Indicators. Department of Health November 2007
[Error bars shown are 95% Confidence Intervals, calculated using the Wilson score method. Indicators which have Confidence Intervals that do not overlap (for different areas) can be described as significantly different.]

Figure 2.1.8 shows the percentage of low birth weight babies in Nottinghamshire wards compared to the Nottinghamshire average (2003-2007). However, it should be borne in mind that with low numbers in some wards, one multiple birth with very low birth weight babies could have a significant effect on the proportion recorded.

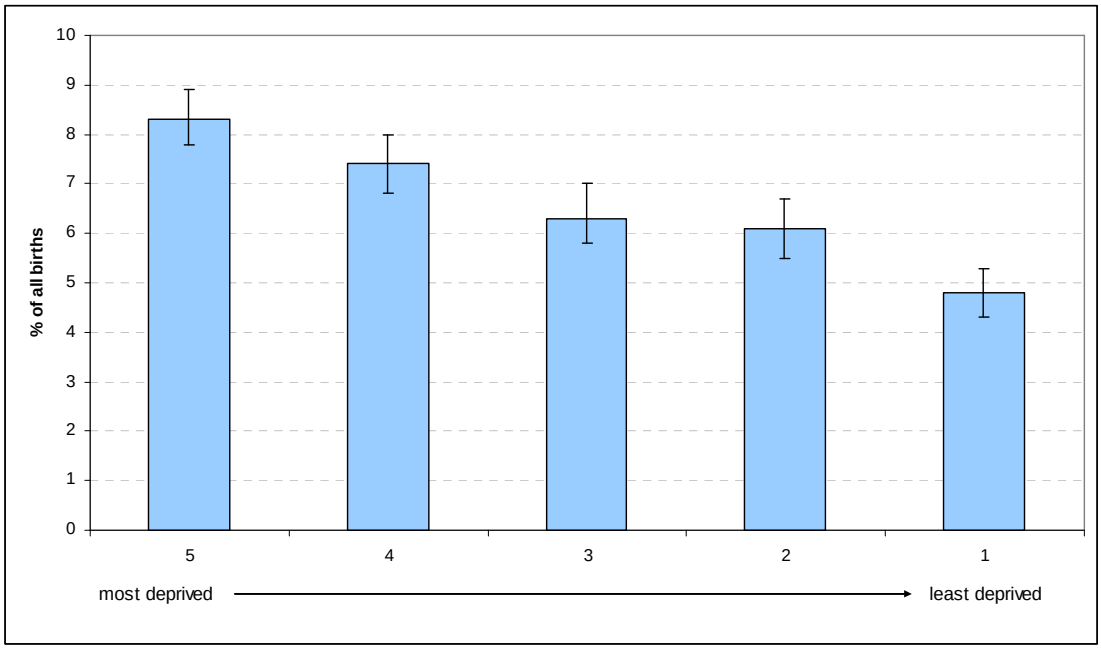
Figure 2.1.8 Map showing percentage of low birth weight babies in Nottinghamshire wards compared to the Nottinghamshire average (2003-2007)



Low birth weight equity profile

It is possible to describe LBW in relation to population characteristics such as age and ethnicity using HES. It is apparent that LBW is associated with both very young mothers and mothers over 40 years. However, in Nottinghamshire, differences between age groups are not statistically significant. In relation to ethnicity, in Nottinghamshire, Asian and Asian British maternities resulted in the highest proportion of LBW babies (9.7%) which was significantly higher than the largest ethnic group (White and White British, 6.7%). Due to the relatively small numbers of LBW babies in some of the ethnic groups, it is not possible to detect other major differences.

Figure 2.1.9 Percentage of babies with low birth weight by deprivation quintile within Nottinghamshire (April 2003 – March 2009)



Source: Hospital Episode Statistics, 2010 (10.293 missing records excluded, total records 47,417)

Figure 2.1.9 shows that the proportion of LBW babies increases with increasing deprivation. The most deprived quintile had a significantly higher proportion of LBW births (8.3%) than the three least deprived quintiles (4.8% in the least deprived quintile).

Infant mortality

Infant mortality rate (IMR) is defined as the number of deaths of children under the age of one year, per 1000 live births. It is a sensitive measure of the overall health of a population, providing an important measure of the well-being of infants, children and pregnant women. IMR is similar in the UK to most European countries, but in 2006 it was still higher than countries such as Spain, France, Italy and Germany. Although infant mortality in England is at an all-time low, significant inequalities persist within the country.

Three quarters of neonatal deaths (deaths in the first 28 days of life) are due to immaturity related conditions and congenital anomalies. Over two-fifths of all post-neonatal deaths (44%) are due to "*signs, symptoms and ill defined conditions*", predominantly sudden unexpected deaths in infancy. All causes of neonatal death show a socio-economic gradient and there is a marked gap between IMR in the most

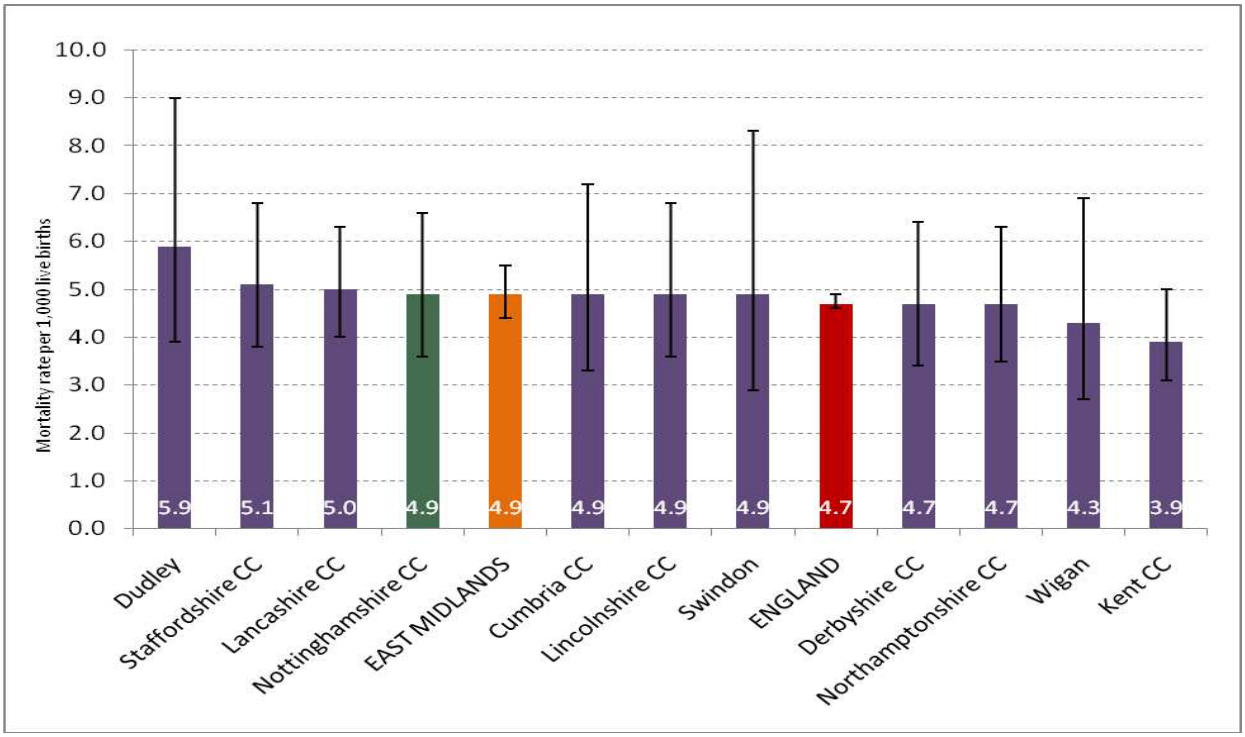
deprived groups and the least deprived groups in the population. Modelling has identified interventions that will contribute to reducing this gap[3], namely:

- If the prevalence of obesity in the Routine & Manual (R&M) group were to fall by 23% to the current levels of obesity in the population as a whole, this would reduce the gap by 2.8%.
- Meeting the national target to reduce smoking in pregnancy from 23% to 15% in the R&M group would reduce the gap by 2%.
- Reducing sudden unexpected deaths in infancy in the R&M group by persuading 1 in 10 women in this group to avoid sharing a bed with their baby or putting it to sleep prone would reduce the gap by 1.4%.
- Achieving the teenage pregnancy target would reduce the gap by 1%.

In addition, whilst it is not possible to quantify the impact of other interventions on reducing the gap in IMR (for example, early booking in pregnancy and improving services for teenage parents), ensuring that these interventions are delivered to the R&M group may help to reduce the gap in IMR between the most and least deprived.

The infant mortality rate in Nottinghamshire, 4.9 per 1000 live births, does not differ significantly from that of national, regional or children's services peers (Figure 2.1.10). For the period 2006-2008, none of the local authorities within Nottinghamshire differ greatly from the England or East Midlands rates. Although Ashfield has the highest IMR for the time period (6.9 per 1000 live births), and Broxtowe and Gedling the lowest (3.0 per 1000 live births), these rates are not statistically significantly different to any other local authority within Nottinghamshire.

Figure 2.1.10 Infant mortality rate (per 1,000 live births), 2008, Nottinghamshire and local authority statistical peers



Source: Compendium of Clinical and Health Indicators NCHOD, 2010.

[3] Implementation Plan for Reducing Health Inequalities in Infant Mortality: A Good Practice Guide. DH 2007

Table 2.1.11 Infant mortality rates - England, East Midlands and local authorities in Nottinghamshire 2006-08 pooled data

	Number of live births	Number of deaths <1yr	Rate per 1000 live births	95% CI lower level	95% CI upper level
England	196,3914	9,503	4.8	4.7	4.9
East Midlands SHA	15,7391	818	5.2	4.9	5.6
Nottinghamshire	**22,036**	**107**	**4.9**	**4.0**	**5.9**
Ashfield	4,196	29	6.9	4.8	9.9
Bassetlaw	3,606	20	5.5	3.6	8.6
Broxtowe	3,352	10	3.0	1.6	5.5
Gedling	3,624	11	3.0	1.7	5.5
Mansfield	3,854	23	6.0	4.0	9.0
Newark & Sherwood	3,612	22	6.1	4.0	9.2
Rushcliffe	3,398	12	3.5	2.0	6.2

Source: Compendium of Clinical and Health Indicators NCHOD, 2010
[CI = Confidence Interval; SHA = Strategic Health Authority]

Breast feeding

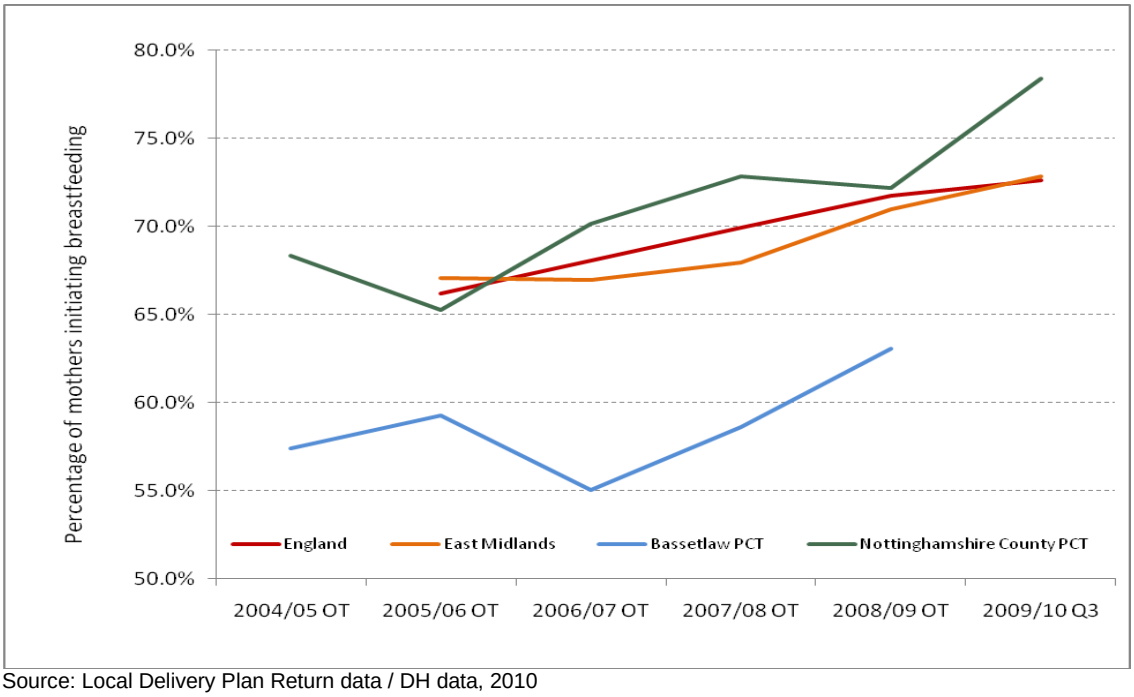
A large body of published research shows that breast feeding has clear health benefits for both mothers and infants. Breastfed babies are less likely to suffer from conditions such as gastroenteritis, chest, urinary tract or ear infections, diabetes in childhood, and childhood obesity. Mothers who breastfeed have a reduced risk in later life of some cancers (ovarian and breast) and of osteoporosis. As a result of a systematic review published by the World Health Organisation (WHO) on exclusive breast feeding in 2000, WHO revised its guidance to recommend exclusive breast feeding for the first six months of an infant's life. This revised guidance was adopted by the UK health departments in 2003.

Patterns of breast feeding can be described using several different measures, and in line with DH requirements, data is collected based on the definitions below:

- Initiation of breast feeding: "the mother puts the baby to the breast, or the baby is given any of the mother's breast milk, within the first 48 hours of birth"
- Prevalence of breast feeding at 6-8 weeks: "the proportion of babies being breastfed at 6-8 weeks, including babies that also receive infant formula or solid food".

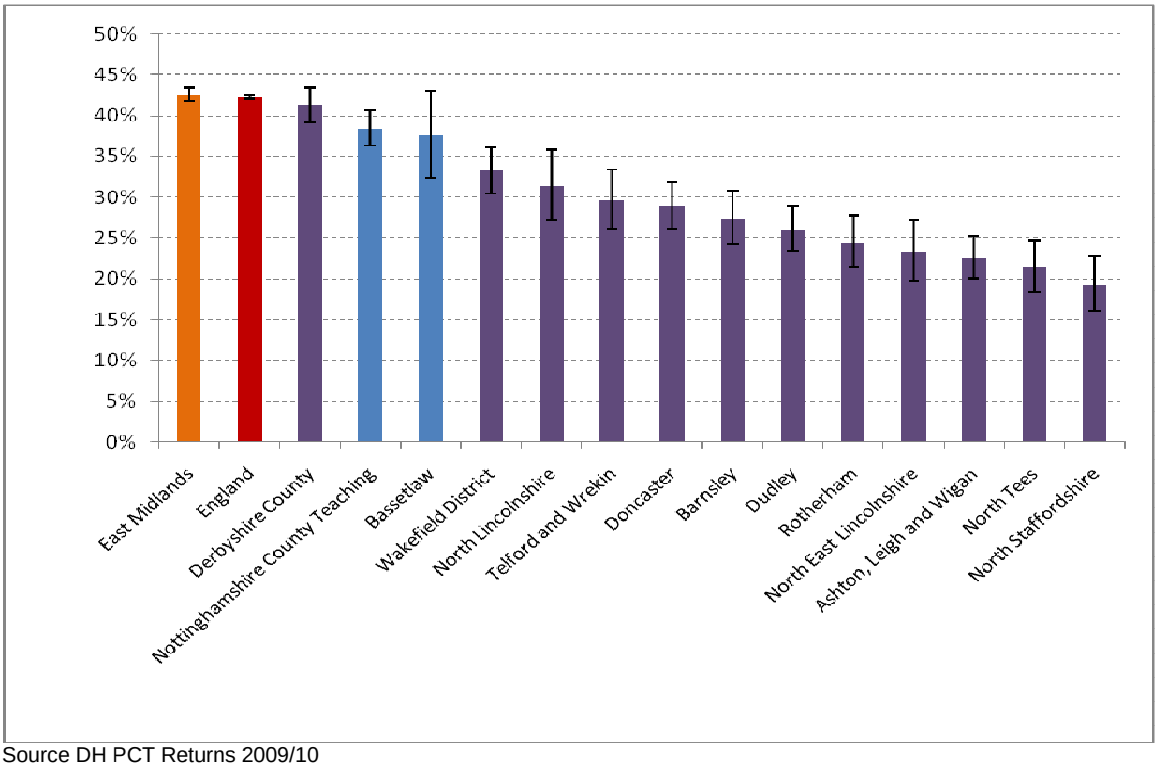
The Department of Health has set a target for breast feeding to deliver an increase of two percentage points per year in the initiation rate, focusing especially on women from disadvantaged groups. Data is collected by primary care trusts (PCTs). Figure 2.1.12 shows that initiation rates have increased steadily over recent years nationally, regionally and locally. Current initiation rates are particularly high in NHS Nottinghamshire County.

Figure 2.1.12 Percentage of maternities where breast feeding was initiated



Source: Local Delivery Plan Return data / DH data, 2010

Figure 2.1.13 NI 53 Percentage of babies totally/partially breastfed at 6-8 weeks by Office of National Statistics PCT comparator group, 2009/10 Quarter 3



Source DH PCT Returns 2009/10

When compared to PCT statistical neighbours, NHS Nottinghamshire County and NHS Bassetlaw are performing well in relation to maintenance of breast feeding at 6-8 weeks according to the latest data.

However, whilst breast feeding initiation rates are increasing locally, in excess of DH targets, the numbers of mothers who stop breast feeding between birth and when their baby is 6-8 weeks (drop-off rates) are particularly high.

The Healthy Start Programme

Healthy Start is a national scheme which encourages pregnant women and families from low-income groups to eat a more nutritious diet and lead a healthier lifestyle. One element of this is the provision of vouchers to buy fresh fruit and vegetables and free vitamin supplements. It is well established that:

- Early nutrition affects long term health outcomes.
- Sub-optimum nutrition may perpetuate the inter-generational cycle of deprivation.
- Low income families have different dietary habits, lower consumption of fruit and vegetables and therefore sub-optimal biochemical nutrient status.

Over 500,000 women and children currently receive Healthy Start vouchers in the UK. However, claims from NHS trusts across the UK for the costs of the Healthy Start vitamins suggest that very few of eligible women and babies are receiving free vitamin supplements. Data collected in late 2009 showed that in the NHS Nottinghamshire area, only 0.3% of eligible pregnant women claim vitamin tablets and 0.7% claim the vitamin drops for their babies/children. In NHS Bassetlaw, 0.2% claim the children's vitamin drops and 0.2% women claim their vitamin tablets.

2.2 Disability (last updated September 2010)

Key Messages

1. The national picture indicates that more children and young people with profound disabilities and long-term conditions are living longer and surviving into adulthood.

2. Information on the numbers of children and young people with specific disabilities/long-term conditions can be difficult to access as it is collected and held by individual services and practitioners, is often out of date and is not routinely shared.

3. Applying prevalence data from national studies and elsewhere to local populations in Nottinghamshire, it is estimated that at any one time there will be:

    - 70 children/young people with Cystic Fibrosis
    - 70 children/young people with Sickle Cell Disease
    - 240 children/young people with Crohn's Disease
    - 360 children/young people with Diabetes Mellitus
    - 280 children/young people with a neoplasm such as leukaemia
    - 10,690 with asthma characterised by persistent episodes of wheezing.

4. Parental satisfaction with services for disabled children in Nottinghamshire is good overall (National Indicator 54). The lowest area of satisfaction is with accessible feedback and complaints procedures.

The term disability is used in this section to reflect the definition within the Disability Discrimination Act 2005 (DDA)[4] and thus can include children and young people with long-term conditions such as diabetes mellitus and cystic fibrosis, in addition to those children and young people with learning and physical disabilities. A significant number of these children and young people will have complex, continuing and/or palliative[5] care needs. The definition '*complex, continuing and palliative*' encapsulates children and young people with serious transient, short term and/or more long term/enduring needs such as degenerative or progressive genetic conditions, potentially life limiting or life threatening conditions.

The national picture indicates that more children and young people with profound disabilities and long-term conditions are living longer and surviving into adulthood[6]. Many of these children and young people have complex needs that require support

[4] For the purposes of the DDA Act, references to disabilities that are substantial and long term means that the effect of the impairment has lasted or is likely to last for at least 12 months and affects normal day-to-day activities including everyday things like eating, washing, walking and going shopping. A normal day-to-day activity must affect one of the 'capacities' listed in the Act which include mobility, manual dexterity, speech, hearing, seeing and memory.
[5] There are four broad definitions of groups of children and young people requiring palliative care: (1) children with life-threatening conditions where cure is possible but can fail e.g. cancer; (2) conditions which, though treated intensively over a period of time, inevitably lead to early death, such as cystic fibrosis; (3) progressive conditions where treatment is palliative over many years e.g. muscular dystrophy; (4) irreversible but non-progressive conditions giving rise to severe disability and sometimes premature death.
[6] Contact a Family (2006) 'About Families with Disabled Children – UK'

from a range of professionals from diverse disciplines in order to achieve their potential. Transition to adult services can be particularly challenging for these children and young people.

Some of this group of children and young people require daily support as their health is dependent on interventions such as tracheostomies, enteral (tube) feeding, parenteral (intravenous) feeding, home oxygen therapy, indwelling venous devices, overnight oxygen saturation monitoring and/or ventilation. Most of this support is provided on a daily basis by parents/carers and, for many, caring responsibilities place pressure on relationships and wider family life. Providing 'short breaks' for children and young people can help to ease this pressure.

Disabled children and young people have many of the 'universal needs' of their non-disabled peers, including advice on healthy eating, support to remain emotionally healthy and access to contraception and sexual health information and services. In addition to this group, there are many more children and young people who have additional learning needs that can affect how they are able to access universal services such as GPs, health visitors and school nurses.

A young person's view

"I'm really terrified of needles, not just a bit scared, really, really, really terrified and I just couldn't bring myself to have my vaccinations even thought I know it's really important as it stops you getting diseases. The nurse gave me some special cream to put on my arm before I had the needle and gave me lots of time to ask questions. I wouldn't have had the needle if she hadn't understood what being Asperger's is like."

J aged 15

Local data suggests that disabled children and young people are more likely to self-exclude and be excluded from school although the reasons for this are contested. Thus it may be challenging for these children and young people to access support through health services that are primarily delivered through schools.

It is problematic to collate accurate, timely data in relation to disabled children and young people both locally and nationally. Such information is collected by different agencies, is often out-of-date and is not shared routinely. Obstacles around information sharing make commissioning services based on local needs challenging and reduce the opportunity for effective inter-agency working to minimise duplication. Since detail on the numbers of children and young people with specific disabilities/long-term conditions is difficult to access, there is often a reliance on synthetic data to estimate prevalence. Although synthetic data has its limitations, it can be useful in planning and commissioning services in the absence of more accurate local data.

Applying prevalence data from elsewhere to local populations, in Nottinghamshire it is estimated that at any one time there will be:

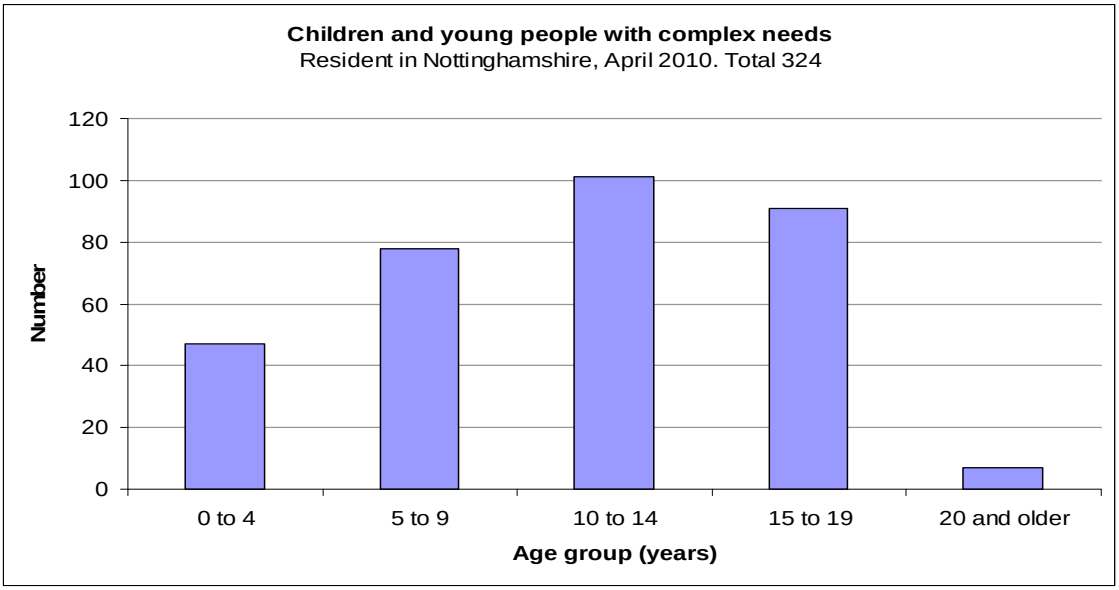
- 70 children/young people with Cystic Fibrosis[7]
- 70 children/young people with Sickle Cell Disease[8]

[7] Based on UK, Cystic Fibrosis medicine, 2008, http://www.cysticfibrosismedicine.com/htmldocs/CFText/genetics.htm

- 240 children/young people with Crohn's Disease[9]
- 360 children/young people with Diabetes Mellitus[10]
- 280 children/young people with a neoplasm such as Leukaemia[11]
- 10,690 with asthma characterised by persistent episodes of wheezing[12].

In Nottinghamshire, a discrete data collection exercise was undertaken as part of a health needs assessment of children and young people with complex health care needs[13], which included comprehensive data that related to individual children and young people. Providers of specialised services including short breaks were asked to provide demographic and clinical information, consent having first been obtained from families/children. Information in relation to 324 children and young people was collated.

Figure 2.2.1 Children and young people with complex needs living in Nottinghamshire



Source: Health Needs assessment - children with complex health needs, NHS Nottinghamshire County, 2010

As can be seen in Figure 2.2.1, of the 324 children identified, the largest number was in the 10-14 year age range.

Interpretation of service user ethnicity must be considered with caution as a significant percentage (35%) of children and young people did not have ethnicity recorded; in addition the dataset includes young people over 20 years, whilst estimates of BME population elsewhere in this document refer to those under 19. For those children and young people where ethnicity was recorded, 51% were White British, 5% British and 8% from BME groups, contrasting with an estimated 6.6% in this population. The current data does not enable analysis of whether this means

[8] Based on England figures, http://www.patient.co.uk/health/Sickle-Cell-Disease-and-Sickle-Cell-Anaemia.htm
[9] Based on Cummings JR, Keshav S, Travis SP, Medical management of Crohn's Disease, cited in patient.co.uk, http://www.patient.co.uk/showdoc/40000896/#ref2
[10] Based on England prevalence, Royal College of Paediatrics and Child Health, 2009, http://www.diabetes.org.uk/Documents/ReportsChildre_Diabetes_Survey_Report.pdf
[11] Based on: Children's cancer web, http://www.cancerindex.org/ccw/guide2c.htm#b1
[12] Based on QOF, GP contracts 07/08: http://www.gpcontract.co.uk/pct.php?orgcode=5N8&year=8
[13] Definition - 'Children and young people with complex health needs including those with disability and life limiting conditions, and/or those who require palliative care and/or those with associated impairments such as cognitive or sensory impairments and/or have moving/handling needs and/or require special equipment/ adaptations' (DCSF, 2009)

more children and young people from BME groups are accessing these services or whether the underlying mechanisms are more complex.

The Association for Children's Palliative Care (ACT) is a UK wide charity that works to achieve the best quality of life and care for children and young people who are not expected to reach adulthood, by supporting families, professionals and commissioners. The ACT minimum data set[14] (MDS) comprises 20 data items of epidemiological data relating to children and young people with palliative care needs; this data enables an effective estimate of the number of children and young people who might benefit from palliative care, not just those who currently receive services from the statutory and voluntary sector.

ACT diagnostic categories were recorded for the 324 children included in the aforementioned local data collection exercise (see Table 2.2.2). Where ACT diagnosis is left blank this may be because the children and young people that it relates to do not have a diagnosis that would fit within the ACT categories. There are more diagnoses recorded than children because some children have multiple diagnoses.

Table 2.2.2 Diagnoses of children & young people who have accessed specialist services including short breaks in Nottinghamshire

ACT diagnosis	Number
Blank*	177
Diseases of the nervous system and sense organs	110
Congenital anomalies	38
Chromosomal disorders	28
Malignant diseases	24
Undiagnosed diseases of assumed metabolic or neurological origin	20
Trauma – accidental and non-accidental injuries	15
Metabolic conditions	14
Outside of palliative care stage	9
Diseases of the respiratory system	9
Muscle disorder	6
Diseases of blood and blood forming conditions	5
Non-malignant brain tumours	2
Diseases of the digestive genito-urinary system	1
Diseases of the digestive system	1
Diseases of the cardiovascular system	1
Grand Total	**460**

ACT: Association for Children's Palliative Care

*Not necessarily poor data quality - ACT diagnosis relates to life-limiting conditions

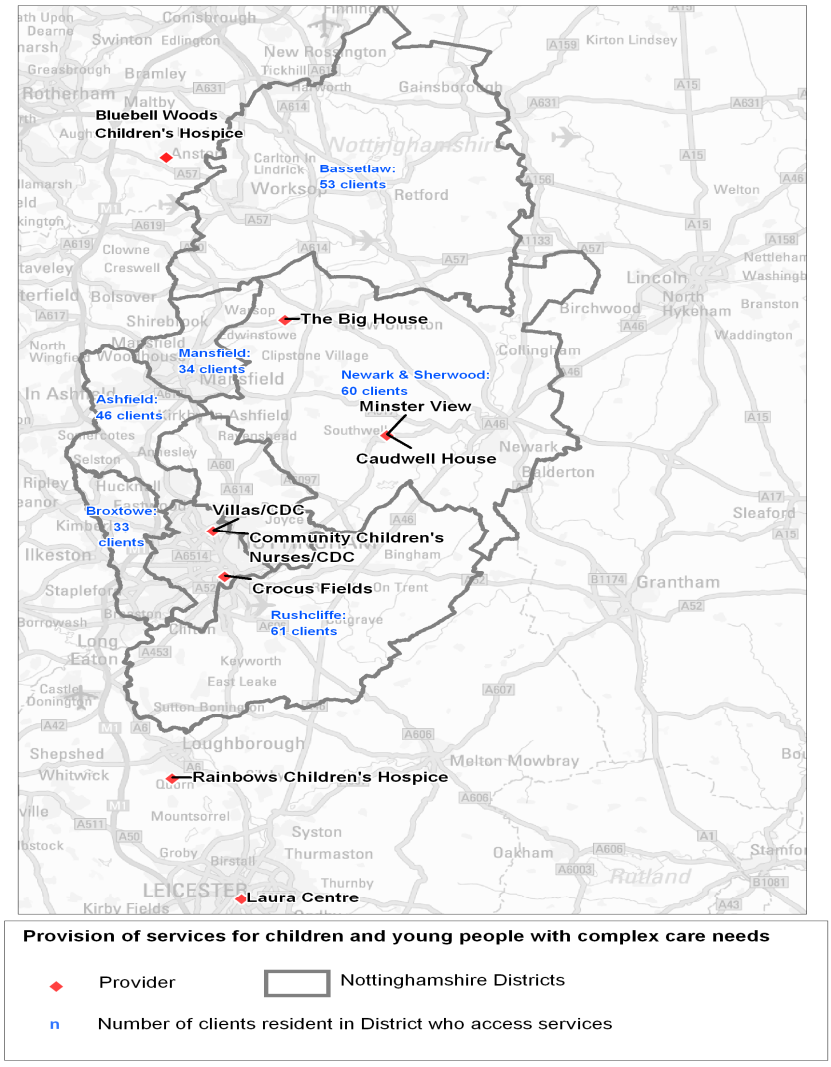
Source: Health Needs assessment, NHS Nottinghamshire County

Children and young people with complex health needs often access a number of different services. The map in Figure 2.2.3 shows the location of providers of residential short breaks accessed by children and young people who live in Nottinghamshire, including those outside of the county. Short breaks provided in the home and community are not shown on this map although children and young people included in this data collection may be accessing these services.

[14] Making life-limited children and young people count: A framework and guide for local implementation - Association for Children's Palliative Care 2009

The number of children and young people accessing these services varies by locality and it is unclear whether this relates to parent/carer knowledge of the range of services, geographical location of services or other more complex mechanisms. It is unlikely, however, that the numbers of children and young people accessing services as a percentage of the population relates to the incidence of disability in that locality. It is possible that those who are the most in need of services are the least likely to access them due to the 'inverse care law'[15] which suggests that those living in areas of deprivation find it more challenging to access services and thus receive fewer services than their more affluent counterparts despite having equivalent needs.

Figure 2.2.3 Location of providers of specialist short breaks for patients in Nottinghamshire



Source: Health Needs assessment, NHS Nottinghamshire County 2009/10
[Number of children and young people accessing specialist services by home postcode]

Caring for disabled children can be challenging, with parents expressing that they feel they need to 'navigate' services to get the support they need for their child. NI 54 (services for disabled children) is a new performance measure, which gauges parental satisfaction with services for disabled children. Nottinghamshire scored 64

[15] Appleby and Deeming (2001) 'Inverse Care Law' Health Service Journal

(out of 100) in 2009/10 for both local authority and PCT areas, against a national score of 61 (Tables 2.2.4 & 2.2.5). This places the county equal 2nd in relation to its statistical neighbours, equal 7th out of 145 local authorities and also equal 7th out of 150 PCTs. In line with national figures, the lowest area of satisfaction in Nottinghamshire is with accessible feedback and complaints procedures.

Consultation carried out by the County Council and NHS Nottinghamshire County in 2009[16] with disabled children with complex health needs and their families indicated that:

- Finding support workers is sometimes difficult
- Services on offer do not always help with the complex 'juggling act' of looking after a family with a disabled child
- It is difficult to find out what services are available
- Some families were happy with the services they received, but most felt that things could be much better
- Transport and school holidays are a particular challenge.

Further local consultation conducted by Parent Line Plus[17] identified that parents and carers struggle to find information about local support networks for children with additional needs and describe a feeling of being 'lost in the system'.

Table 2.2.4 NI 54 - Services for disabled children: national sub-indicator performance (2009/10): England

England	Overall score: 61		Number of respondents: 31,466
	Health	**Education**	**Care and Family Support**
Information Number of respondents	**69** 29,340	**70** 28,526	**69** 29,503
Assessment Number of respondents	**76** 13,238	**77** 13,135	**67** 3,700
Transparency Number of respondents	**96** 13,720	**92** 13,424	**89** 3,809
Participation Number of respondents	**61** 13,698	**48** 13,435	**53** 3,808
Feedback Number of respondents	**12** 29,321	**20** 29,933	**12** 13,773

[16] By IBK initiatives 2009 (www.ibkinitiatives.com)
[17] October 2009 to March 2010; 300 parents consulted countywide

Table 2.2.5 NI 54 - Services for disabled children: local sub-indicator performance (2009/10): Nottinghamshire

Nottinghamshire	Overall score: 64		Number of respondents: 441
	Health	**Education**	**Care and Family Support**
Information Number of respondents	**72** 419	**69** 401	**72** 421
Assessment Number of respondents	**79** 189	**78** 166	**79** 62
Transparency Number of respondents	**96** 197	**95** 169	**93** 64
Participation Number of respondents	**67** 196	**51** 170	**62** 64
Feedback Number of respondents	**12** 422	**17** 416	**15** 185

Autistic spectrum disorders impact on all aspects of a child or young person's life including education and access to health services; the needs of these children and young people are discussed in Section 1.6.

2.3 Health of looked after children (last updated September 2010)

Key Messages

1. In line with national data, looked after children in Nottinghamshire experience poorer health, with higher levels of physical, emotional and mental ill-health. High rates of substance misuse are reported, but pregnancy rates are low for looked after children and young people.

2. Immunisation rates for looked after children are lower than the average for Nottinghamshire but access to primary care services is good.

3. It is hard to assess whether a range of health outcomes are improving for looked after children as there is a lack of robust trend data.

National data clearly indicates that looked after children and young people (LAC) have a worse level of health than their peers, in part due to the impact of poverty, abuse and neglect that they have been subjected to. LAC are more likely than their peers to experience problems, including speech and language difficulties, bedwetting, co-ordination, vision and or hearing difficulties[18 & 19]. In addition, LAC experience significantly worse mental health - an estimated 45% of LAC aged 5 to 17 have mental health problems, over four times higher than for all children.

Under the Children Act (1989, 2004), PCTs and strategic health authorities (SHAs) have a duty to comply with requests from the local authority to address the health needs of children looked after. The following principles are taken into consideration when planning or conducting health assessments:

- Each child or young person should have a holistic health assessment on entering care. The first health assessment should be undertaken by a registered medical practitioner and review health assessments may be carried out by an appropriately qualified registered nurse/midwife.
- The first health assessment should result in a health care plan by the time of the first review of the child's care plan 28 days after becoming looked after).
- Children up to the age of five years should have bi-annual health assessments and developmental checks.

In meeting the health needs of looked after children, PCTs and SHAs focus on ensuring that LAC are able to access universal services as well as targeted and specialist services where necessary. In Nottinghamshire, as of March 2010, there were 578 LAC in the county. Key findings from the 2010 Ofsted inspection of safeguarding and looked after children's services in Nottinghamshire include:

For children under five, 59% of children had undergone a health assessment and 52% of under-five year olds had received their immunisations. For children aged five and over, health assessments were generally complete, immunisation rates were 63% and over 80% of this group were registered with a dentist.

[18] Meltzer H., Corbin T., Gatward R., Goodman R. and Ford T. (2003) The mental health of young people looked after by local authorities in England. London: The Stationery Office
[19] National Children's Bureau (2008) Promoting the health of young people leaving care. Healthy Care Briefing. www.ncb.org.uk/healthycare

In Nottinghamshire, the Children in Care Health Service carried out health assessments for all LAC referred to the service. Between April 2009 and March 2010, the service received 333 referrals of LAC from the central Nottinghamshire area (Mansfield, Ashfield, Newark & Sherwood). Of this group, 313 had received a health assessment and were followed up as required (20 young people had refused). Of the 313 children and young people seen:

- 167 were male; 146 were female
- 75 were under the age of five years; 238 were over the age of five years
- 87% of the children were White/British; 7.5% were of White/European (Irish, Polish, Moroccan), White other (Iraqi, Asian, American); 3.5% were mixed race; 2% were from Afghanistan
- 98% were registered with a GP
- 73% were registered with a dentist and had been seen by a dentist in the previous 12 months
- 64% had been seen by an optician
- 70% were fully immunised
- 52% were recorded as having an emotional health issue
- 24% had developmental problems such as learning difficulties, being on the autistic spectrum and attention deficit hyper activity (ADHD)
- 21% were recorded as having a physical disability or ill health (including asthma, epilepsy, spinal and cardiac problems)
- 12% were registered as disabled
- 16% smoked
- 8% drank alcohol
- 5% reported substance misuse
- 3% were Unaccompanied Asylum Seeking Children (UASC)
- 1% of young people were teenage parents.

Bearing in mind that this group of children represents approximately 54% of LAC in Nottinghamshire at that time, it is clear that many are experiencing health problems and/or report health damaging behaviours.

National Indicator 58 assesses progress in improving the emotional and behavioral health of LAC through the use of a 'primary carer' Strengths and Difficulties Questionnaire (SDQ). The SDQ is a short behavioral screening questionnaire, covering details of emotional difficulties, conduct problems, hyperactivity or inattention, friendships and peer groups, and also positive behaviours. A higher score indicates a worse situation and worse outcomes.

Nottinghamshire scored 16.1 (provisional) in 2009/10, poorer than its result of 14.5 in 2008/09, which at the time was slightly better than statistical neighbours (14.9) but not as good as the England average (13.9). 2009/10 scores for statistical neighbours and England will be released later in 2010.

2.4 Childhood vaccination and immunisation[20] (last updated Sept 2013)

Key Messages

1. Childhood immunisation rates have continued to improve across Nottinghamshire. In 2012, (former) NHS Nottinghamshire County's rates of immunisation saw improvement and were above the national average for all vaccination levels in 2011/12. (Former) NHS Bassetlaw's rates of immunisation were also above the national average for all vaccination levels apart from the second measles, mumps and rubella (MMR) vaccination and pre-school booster.

2. Uptake of MMR vaccine needs to improve from the 2011/12 level of 88.2% (NHS Nottinghamshire County) and 77.8% (NHS Bassetlaw) to 95% to provide 'herd immunity' in the population.

3. Nationally, there is strong evidence that some groups of children are at risk of not being fully immunised. These children include those who have missed previous vaccinations (as a result of parental choice or otherwise); looked after children; those with physical or learning disabilities; children of teenage or lone parents; those not registered with a GP; younger children from large families; children who are hospitalised or have a chronic illness; those from some ethnic groups; those from non-English speaking families; and vulnerable children, such as gypsy, Roma and traveller children, asylum seekers or those who are homeless.

Overview

After clean water, vaccination is the most effective public health intervention in the world in terms of saving lives and promoting good health. The term vaccination originated from the procedure used to protect people with the first vaccine for smallpox, vaccinia.

Maximising the uptake rates of vaccinations will reduce the risk of vaccine preventable disease. In addition, if a sufficient proportion of the population is immunised, so called 'herd immunity' is achieved, so that even those who are not immune are very unlikely to become infected. To achieve 'herd immunity', ensuring there is continuing protection across the community, at least 95% uptake rates in the childhood vaccination programme are required.

In the UK, the routine vaccination schedule protects children against the following diseases:

- Diphtheria (D)
- Haemophilius Influenza Type B (Hib)
- Human Papillomavirus (HPV) (females only)

[20] From 1 April 2013, the NHS Nottinghamshire County and NHS Bassetlaw immunisation and vaccination agenda moved from Public Health to NHS England. NHS Nottinghamshire County now sits within the Derbyshire and Nottinghamshire Area Team and NHS Bassetlaw now sits within the South Yorkshire and Humber Area Team for immunisation and vaccinations. **The data presented below includes uptake rates up until 2011/12 from the former NHS Nottinghamshire County and NHS Bassetlaw.**

- Measles (M)
- Meningococcal Meningitis (Men C)
- Mumps (M)
- Polio (P)
- Pneumococcal Disease (PCV)
- Rubella (R)
- Tetanus (T)
- Pertussis - Whooping Cough (P)

In addition, non-routine immunisations for at-risk babies include Hepatitis B and Tuberculosis (BCG).

An effective childhood immunisation programme is essential to reduce the incidence of all childhood infections. Therefore a priority for NHS England, Derbyshire and Nottinghamshire Area Team and South Yorkshire and Humber Area is to increase the proportion of children who have received all their immunisations. As part of the 'Vital Signs' targets, area teams are required to achieve specific uptake targets in relation to elements of the routine schedule. The 'Vital Signs' targets vary, are set locally and are reviewed annually.

There is strong evidence that some groups of children are at risk of not being fully immunised. These include:

- those who have missed previous vaccinations (whether as a result of parental choice or otherwise)
- looked after children
- those with physical or learning disabilities
- children of teenage or lone parents
- those not registered with a GP
- younger children from large families
- children who are hospitalised or have a chronic illness
- those from some minority ethnic groups
- those from non-English speaking families
- vulnerable children, such as those whose families are asylum seekers or homeless.

Under 5s Vaccinations

Nottinghamshire County's rates of immunisation are above the national average for all vaccination levels, but some, including DTaP/IPV/Hib (protecting against diphtheria, tetanus, pertussis, polio and Haemophilus influenza type b), PCV, Hib/Men C, first MMR and pre-school booster, are slightly below the average for the East Midlands region (Figure 2.4.1). Bassetlaw's rates of immunisation are all above the national average for all vaccination levels apart from the second MMR and pre-school booster. Immunisation levels are above the regional average apart from first and second MMR and pre-school booster. Trends between 2010/11 and 2011/12 can be seen in Table 2.4.2, and Figures 2.4.3 and 2.4.4.

<u>Nottinghamshire County</u>
In 2011-12, Nottinghamshire County reported that 96% of children reaching their first birthday completed primary immunisations against diptheria, tetanus, pertussis, polio and haemophilus influenza type b. This compares to 95.2% in 2010/11. Coverage of the MMR vaccine for children reaching their second birthday was 92.0%, compared to 89.9% in 2010/11.

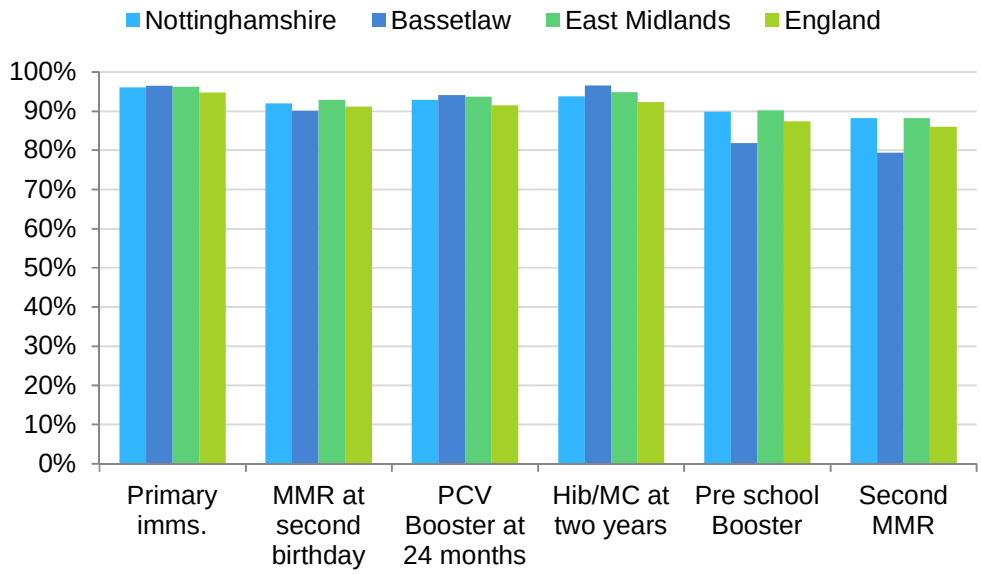
In 2011/12, 92.9% of children had received the PCV booster at 24 months. In terms of Hib/Men C at two years of age, 93.8% of children received this vaccine, the pre-school booster was administered to 89.9% of children and the second MMR was given to 88.2% of children.

Bassetlaw

In 2011-12, Bassetlaw reported that 96.4% of children reaching their first birthday completed primary immunisations against diptheria, tetanus, pertussis, polio and Haemophilus influenza type b (DTaP/IPV/Hib). This compares to 94.7% in 2010/11. Coverage of the MMR vaccine for children reaching their second birthday was 90.1%, up from 85.5% in 2010/11.

In 2011/12, 94.1% of children had received the PCV booster at 24 months and 96.5% of children received Hib/Men C at two years. The pre-school booster was administered to 81.9% children in 2011/12 and the second MMR was given to 79.4% of children.

Figure 2.4.1 Percentage of children who have received routine vaccinations by specific age in 2011/12



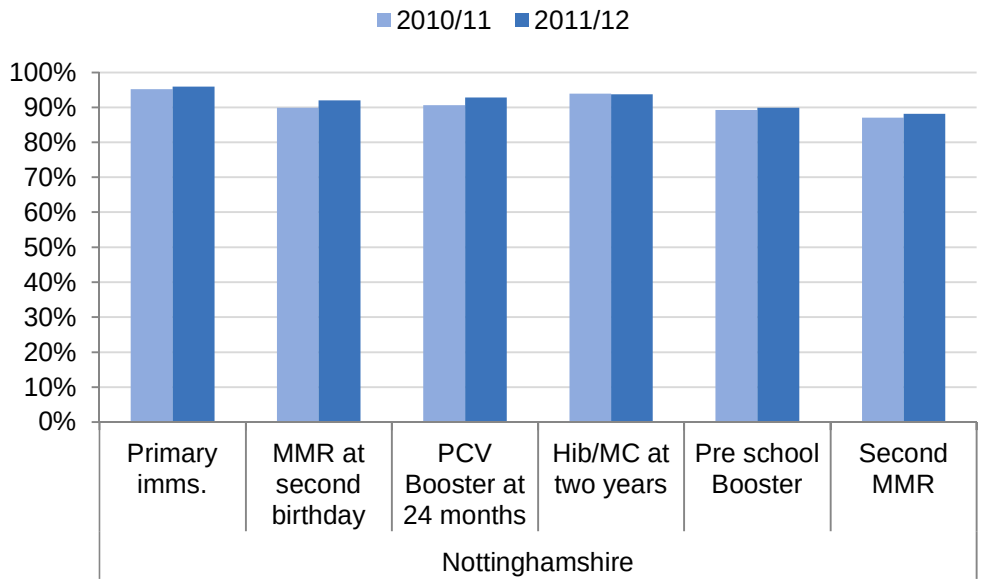
Source: Health & Social Care Information Centre immunisations statistics, 2013

Table 2.4.2 Percentage of children who have received routine vaccinations by specific age in 2010/11 and 2011/12

Where	Nottinghamshire		Bassetlaw		East Midlands		England	
What	2011/12	2010/11	2011/12	2010/11	2011/12	2010/11	2011/12	2010/11
Primary imms.	96.0%	95.2%	96.4%	94.7%	96.2%	95.4%	94.7%	94.2%
MMR at second birthday	92.0%	89.9%	90.1%	85.5%	92.9%	90.6%	91.2%	89.1%
PCV Booster at 24 months	92.9%	90.7%	94.1%	90.9%	93.7%	91.5%	91.5%	89.3%
Hib/MC at two years	93.8%	94.0%	96.5%	93.6%	94.8%	93.9%	92.3%	91.6%
Pre-school Booster	89.9%	89.3%	81.9%	77.9%	90.2%	88.9%	87.4%	85.9%
Second MMR	88.2%	87.1%	79.4%	76.5%	88.2%	86.7%	86.0%	84.2%

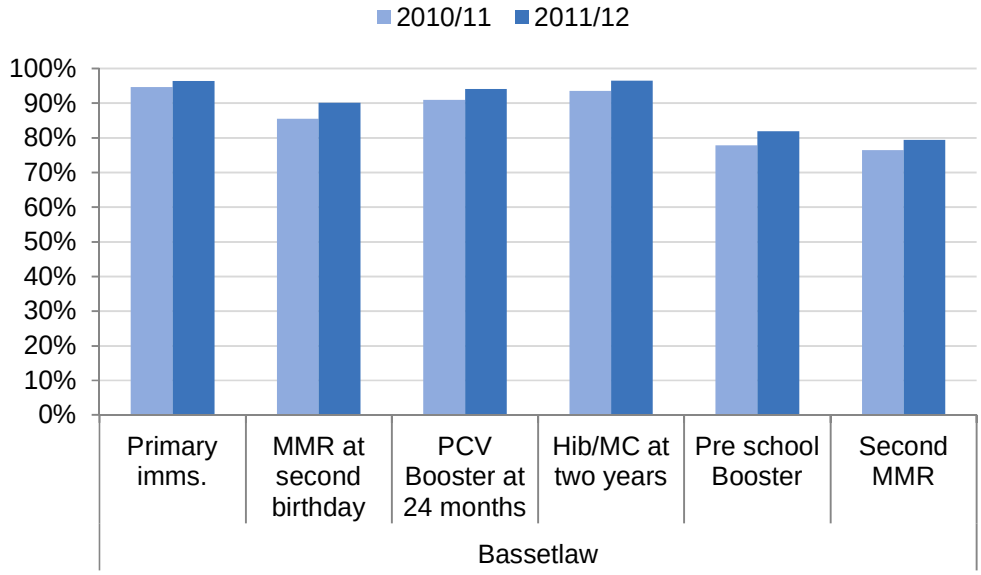
Source: Health & Social Care Information Centre immunisations statistics, 2013

Table 2.4.3 Percentage of children who have received routine vaccinations by specific age in 2010/11 and 2011/12 (Nottinghamshire County)



Source: Health & Social Care Information Centre immunisations statistics, 2013

Table 2.4.4 Percentage of children who have received routine vaccinations by specific age in 2010/11 and 2011/12 (Bassetlaw)



Source: Health & Social Care Information Centre immunisations statistics, 2013

Measles, Mumps and Rubella

The importance of having children vaccinated against measles, mumps and rubella is illustrated below in Table 2.4.5. Where immunisation uptake is inadequate to maintain herd immunity, there will be outbreaks or sporadic cases of disease. When GPs inform the Health Protection Agency of a probable case of a notifiable disease, they are sent a saliva sample collection kit, which allows laboratory confirmation. As can be seen, there was an increase in cases of measles, mumps and rubella notified and confirmed between 2010 and 2011. However, laboratory confirmed cases of measles fell in 2012.

Table 2.4.5 Numbers of reported cases of mumps, measles and rubella (Nottinghamshire County and Bassetlaw combined) (2010-2012)

	Total		
	2012	**2011**	**2010***
Measles	27	40	23
Mumps	100	134	82
Rubella	11	12	9

Source: East Midlands (North) HPU (data extracted from HPZone 25 February 2013)
[Note: Data source contains records only from March 2010, hence figures reported for 2010 will be not be for the full calendar year.]

Human Papilloma Virus (HPV) Vaccination Programme

This programme commenced in 2008 and has become part of the national vaccination programme for Year 8 (12-13 year old) girls. A 'mop-up' campaign was run simultaneously to vaccinate girls aged 17 years and has continued so that girls are offered this vaccination up until their 18th birthday. NHS Nottinghamshire County operates a school based model for girls aged 12-16 years and school nurses

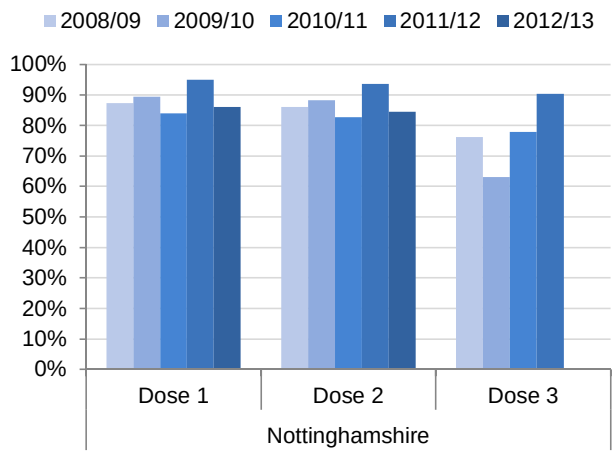
vaccinate this cohort. Girls aged 16-18 years are invited for vaccination by their GP practice.

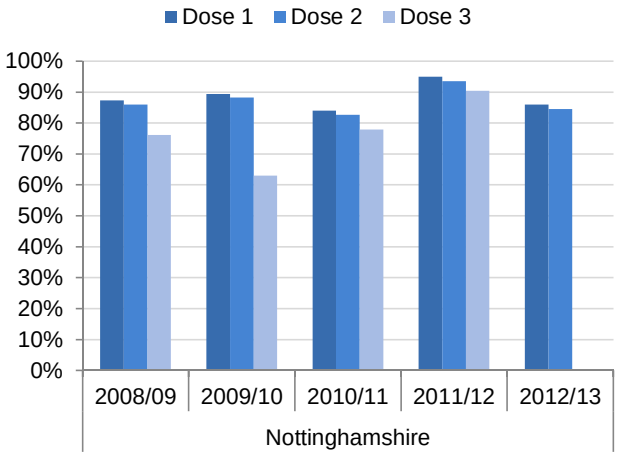
The programme has been very successful in Nottinghamshire and a target for Year 8 girls has been set at 90% since the programme began. The programme started well, with just over 87% of eligible girls receiving the first dose and 76% of eligible girls completing the programme of all three doses in Nottinghamshire in 2008/09. In 2011/12, 95% of eligible girls received the first dose, and 90% of eligible girls received all three doses.

The vaccine, Cervarix, protects against HPV types 16 and 18 - the types that cause 70% of cervical cancer cases - and was the vaccine used from 2008. In 2012, the Department of Health changed the vaccine offered to Gardasil, which is a quadravalent vaccine protecting against HPV types 16, 18 , 6 and 11 - the latter two protecting against genital warts. The vaccination comprises a three dose course, administered over a six month period. It is essential that girls complete the course of vaccination to ensure they are fully protected.

Nottinghamshire and Bassetlaw HPV uptake figures can be seen in Figures 2.4.6 and 2.4.7, and Table 2.4.8.

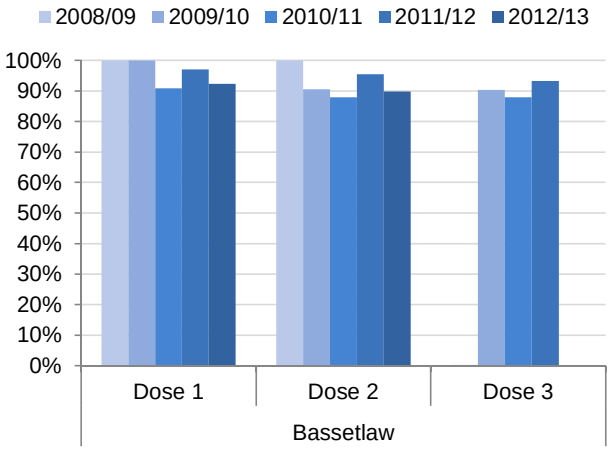
Figure 2.4.6 HPV vaccination uptake: dosage number uptake from 2008/09 to 2012/13 (Nottinghamshire County). [Same data presented twice:variation within individual doses over time (left) and variation between dosage sets over time (right)]

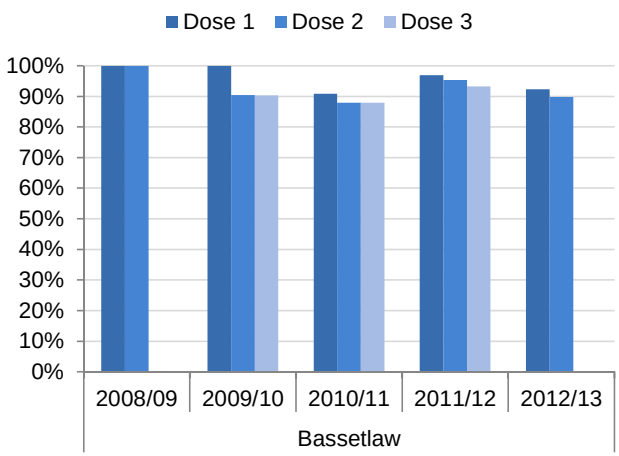




Source: Immform, 2013

Figure 2.4.7 HPV vaccination uptake: dosage number uptake from 2008/09 to 2012/13 (Bassetlaw). [Same data presented twice:variation within individual doses over time (left) and variation between dosage sets over time (right)]





Source: Immform, 2013

Figure 2.4.8 HPV vaccination uptake: dosage number uptake from 2008/09 to 2012/13

	Nottinghamshire					Bassetlaw				
	2012/13	**2011/12**	**2010/11**	**2009/10**	**2008/09**	**2012/13**	**2011/12**	**2010/11**	**2009/10**	**2008/09**
Dose 1	86.0%	95.0%	84.0%	89.4%	87.3%	92.3%	97.0%	90.8%	100.0%	100.0%
Dose 2	84.5%	93.6%	82.7%	88.3%	86.0%	89.8%	95.4%	87.9%	90.5%	100.0%
Dose 3	N/A	90.4%	77.9%	63.0%	76.1%	N/A	93.3%	87.9%	90.3%	0.3%

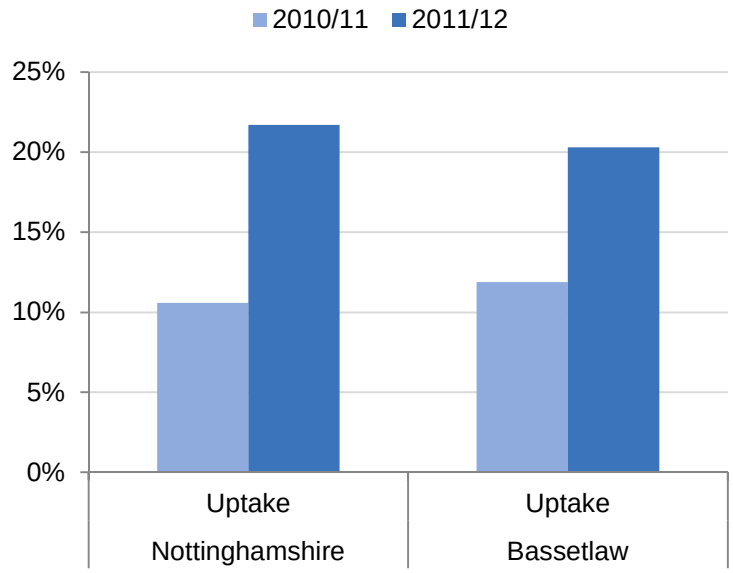
Source: Immform, 2013

School leaving booster

Within Nottinghamshire County, the school nursing service has been providing the school leaving booster since January 2012. Prior to this, GPs provided it in the north of the county and school nurses provided it in the south. The administration of this vaccine is given during the school term. Uptake rates improved between 2010/11 and 2011/12 (Figure 2.4.9 and Table 2.4.10) - in 2011/12, 21.7% of 13 to 18 year olds received their vaccine and it is anticipated that this will increase in 2012/13.

In Bassetlaw, the immunisation and vaccination team provide this vaccine to young people between the ages of 13 and 18 years of age within a school setting. The uptake rates for 2010/11 were 11.9% and have improved in 2011/12 to 20.3%.

Figure 2.4.9 School leaver booster: uptake from 2010/11 to 2011/12



Source: Health & Social Care Information Centre immunisations statistics, 2013

Table 2.4.10 School leaver booster: uptake from 2010/11 to 2011/12

	Nottinghamshire		Bassetlaw	
	2011/12	**2010/11**	**2011/12**	**2010/11**
Uptake	21.7%	10.6%	20.3%	11.9%

Source: Health & Social Care Information Centre immunisations statistics, 2013

Hepatitis B Vaccine

Infants born to hepatitis B positive mothers in Nottinghamshire County are at high risk of acquiring hepatitis B infection. Without intervention, the risk of transmission can be up to 90%. Hepatitis B vaccine has been shown to be highly effective at reducing this risk.

Since April 2000, all pregnant women nationally should have been offered screening for hepatitis B and all babies of positive women should have been immunised. Paediatric hepatitis B vaccine is given intramuscularly as soon as possible after birth, then at one month, two months, 12 months and around four years and three months.

Without vaccination, many babies born to mothers who are hepatitis B carriers will become infected. As many as nine out of ten babies infected at birth develop long-lasting infection and these babies are at risk of developing serious liver disease as they grow older. If they become infected, their infection could be passed on to their close family and other contacts in the future. Within Nottinghamshire there is a pathway in place and these babies are followed up and vaccinated at their GP practice.

2.5 Child oral health (last updated September 2010)

Key Messages

1. In Nottinghamshire the levels of dental caries in five year olds are lower than the national average in all areas except Broxtowe and Gedling.

2. There is strong evidence of the positive impact of water fluoridation on the decay levels in young children in Nottinghamshire. The levels of dental decay in the three areas with water fluoridation - Ashfield, Bassetlaw and Mansfield - are significantly lower than the national average, despite high levels of deprivation in those areas.

Poor dental health is closely linked to economic deprivation, social exclusion and cultural differences. In addition to pain or infection, poor oral health is associated with failure to thrive in infancy and lack of full involvement in social and educational activities. The treatment of gross decay in young children often involves tooth extraction under general anaesthesia with all the associated risks.

Dental caries can be prevented by following a balanced diet without frequent sugary attacks and the use of fluoride, usually in toothpaste. The other main condition that affects children is dental enamel erosion, usually as a result of the consumption of acidic drinks, for example fruit juice and carbonated drinks.

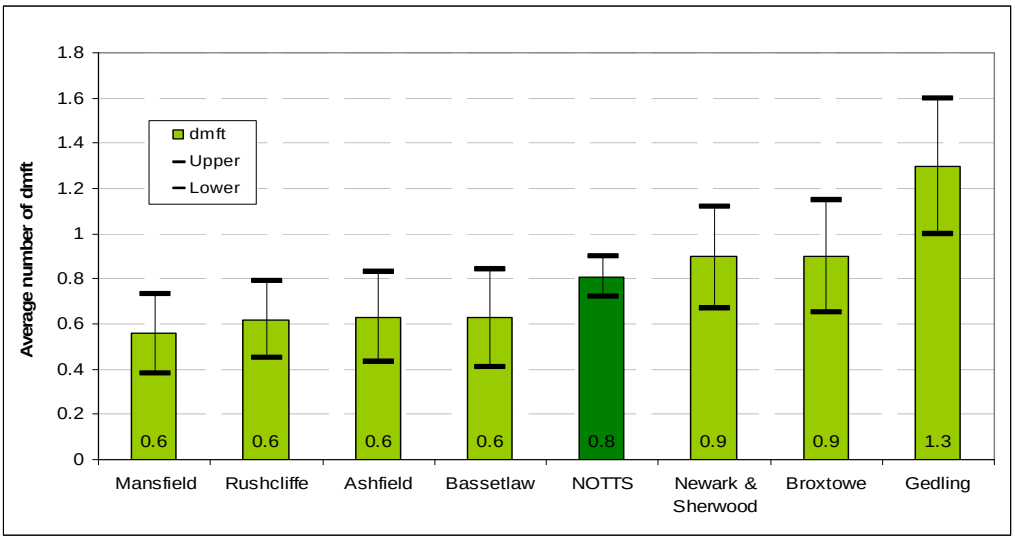
Also of concern is dental trauma that can lead to tooth and bone fracture or tooth loss. The appropriate use of mouth guards in contact sports and activities, and knowledge of first aid techniques minimise the impact. There is no routinely available information on the levels of dental erosion or the levels of trauma in children.

Children's oral health is usually measured through the dental caries (dental decay) rates – dmft (decayed, missing & filled deciduous (baby) teeth). The level of dmft is obtained through regular dental epidemiological surveys of 5 year-olds and 12 year-olds. The last 5 year-old survey was in 2007-08 and the 12 year-old in 2008-09. The latter has not been reported on.

The overall level of dental caries shows an improvement from earlier surveys. However, direct comparisons cannot be made between the survey results because of a change in the consent process for participation in the survey.

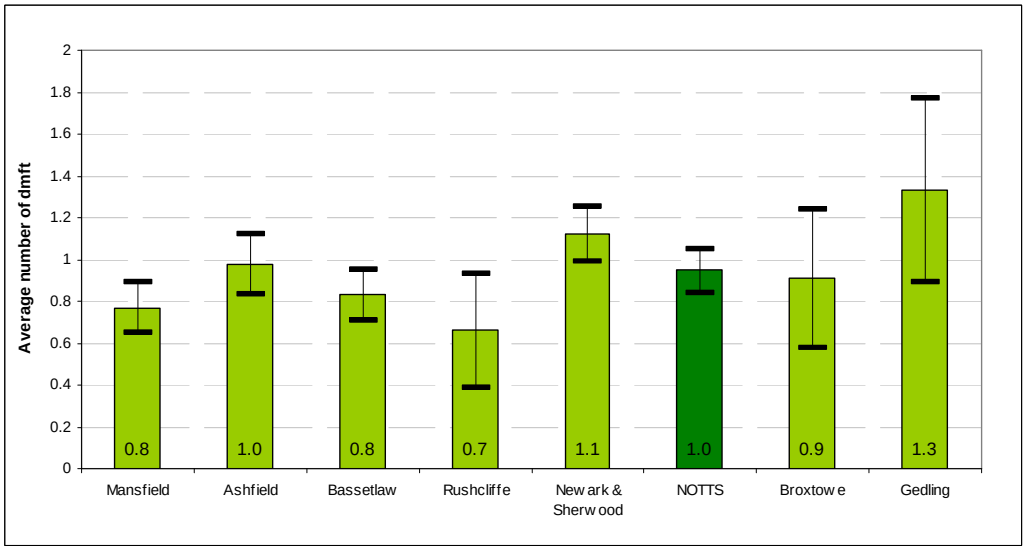
An important indicator of the level of active advanced disease caused by dental decay is sepsis, i.e. active infection. The presence of sepsis may be as a result of not seeking care and percentage is a guide to children needing urgent care (Table 2.5.3).

Figure 2.5.1 dmft of 5 year-olds 2007-08, with 95% confidence limits



Source: Dental epidemiology survey dmft 2009

Figure 2.5.2 dmft of 5 year-olds 2005-06, with 95% confidence limits



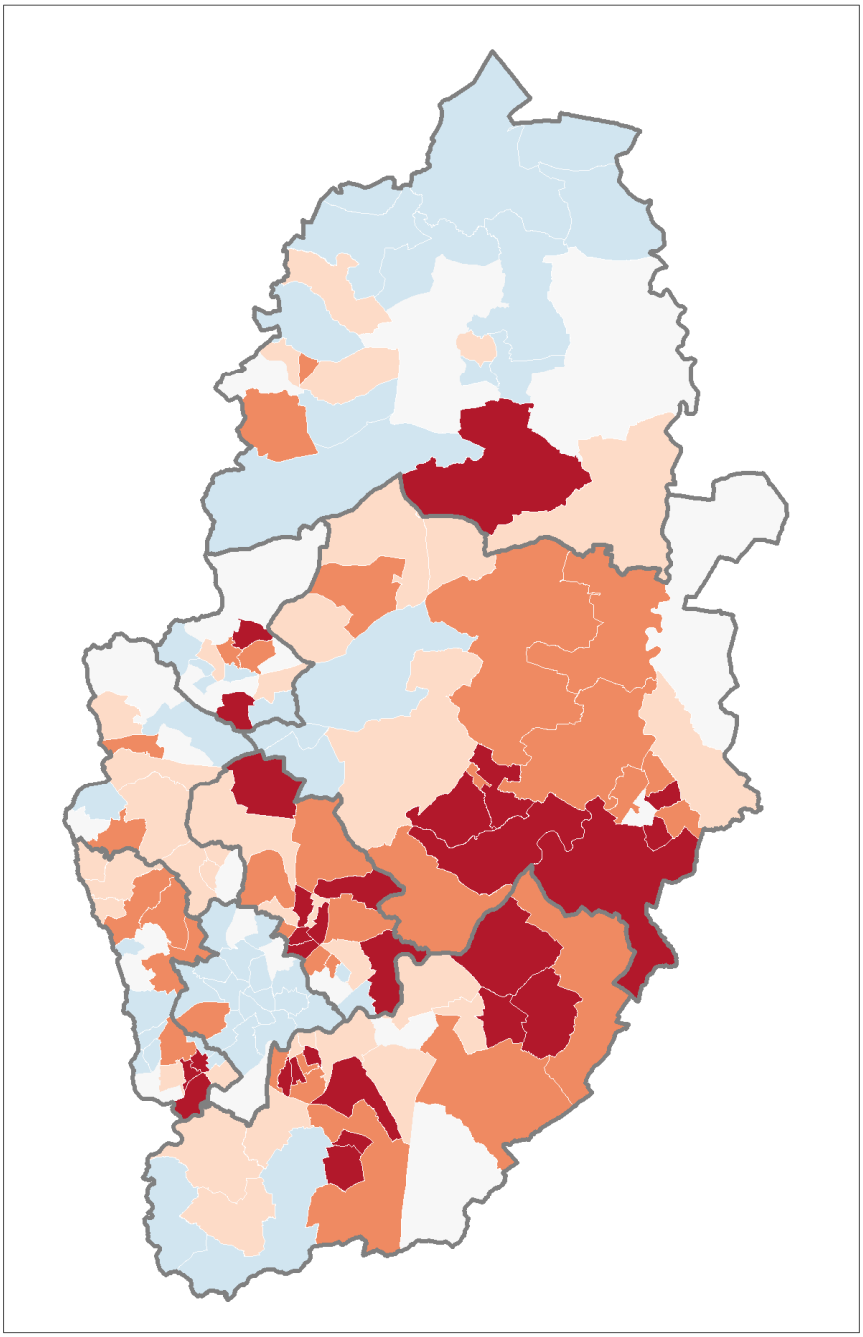
Source: Dental epidemiology survey dmft 2007

Table 2.5.3 Percentage of 5 year-olds showing signs of oral sepsis

Area	% Sepsis
Mansfield	1.20
Ashfield	1.05
Bassetlaw	1.78
Rushcliffe	0.47
Newark & Sherwood	0.23
Broxtowe	1.52
Gedling	0.43
NOTTINGHAMSHIRE average	1.10
ENGLAND average	2.30

Source: Dental epidemiology survey 2007

Figure 2.5.4 Child dental attendance to any NHS dentist 2007-08



Child dental attendances 2007/08

Age 18 or under attendance per 1000 population aged 18 or under. Mean = 934 per 1000

- 1,170 to 1,520 (28)
- 1,060 to 1,170 (32)
- 980 to 1,060 (36)
- 900 to 980 (32)
- 230 to 900 (48)

Source: NHS Business Services Authority – Dental Services 2009

The level of attendance for NHS dentistry for all children up to the age of 18 years is monitored through data from the NHS Business Services Authority. The data indicates the numbers of children who have received at least one course of NHS dental treatment during 2007-08. The course of treatment could be for urgent, routine or orthodontic care, though individuals may have a combination of all three types of care. Further analysis is required on the composition of the course of treatment, and the development of better data sets within the new dental contract will allow this for subsequent years.

Overall the level of attendance at an NHS dentist is encouraging and the high level of attendance at NHS dental practices is particularly noticeable in the Newark & Sherwood area. Some of the lower attendances in Rushcliffe and Bassetlaw may reflect private dentistry attendance. However, there is no relevant data on private dentistry.

2.6 Emotional health and well-being (last updated September 2010)

Key Messages

1. "If you do just one thing, get those who know what they are doing to work better together.'' *Parent - National Child & Adolescent Mental Health Review, 2009*

2. There is evidence that the emotional health & well-being of children and young people has deteriorated significantly over the past 25 years.

3. Research shows that risk factors affecting emotional health include physical illness or disability, family circumstances, socio-economic issues (such as poverty) and traumatic life events.

4. Issues related to socio-economic deprivation across the county result in clearly differentiated levels of need and prevalence of emotional and mental health problems, with more deprived areas generally having higher risk factors such as unemployment and substance misuse.

There is evidence that the emotional health and wellbeing of children and young people has deteriorated significantly over the past 25 years[21,22]. It appears that this increase is not caused solely by changes in family structures or socio-economic change, but is due to a complex interplay of factors to which children and young people are exposed.

For young children, parents are the single most important influence on emotional well-being, while relationships with peers are of increasing importance to older adolescents. The quality of relationships young people enjoy is a key influence on their emotional well-being. In addition, other influences include pressures to achieve academically, difficult choices in relation to sex, alcohol and drugs and challenges in becoming financially independent. Other factors, such an increasingly brand-led affluent society, cultural conflict, media imagery and a perceived decline in social cohesion and responsibility may all play a part in the decline in the emotional health and well-being of young people.

Children and young people who have emotional and mental health problems often demonstrate associated education failure, offending and anti-social behaviour, and suffer family disruption. Looked after children experience significantly worse mental health than other children, with an estimated 45% of looked after children aged 5 to 17 suffering with mental health problems, over four times higher than for all children. For small numbers, consequences are very severe and unfortunately suicide is the second most common cause of death among young people.

[21]Collishaw, Maughan, Goodman and Pickles, 2004. Time trends in adolescent mental health. Journal of Child Psychology and Psychiatry 45:350–62.
[22] World Health Organisation (WHO) (2004) Mental Health Survey Consortium; Prevalence, severity an unmet need for treatment of mental disorders in the WHO Mental Health Surveys. Journal of the American Medical Association, 291(21) 2581-90

Risk factors

Certain factors are known to predispose children to the development of emotional and behavioural disorders. The risk factors fall into four main groups as shown in Table 2.6.1.

Table 2.6.1 Risk factor associated with emotional and mental health disorders

Risk factors in the child (estimated population prevalence)	**Impact on rate of disorder**
Physical illness - chronic health problems (5%) - brain damage	3 times increased rate 4-8 times increased rate
Sensory impairments - hearing (4/1,000) - visual (0.6/1000)	2.5-3 times more disorder No figures
Learning difficulties (3-4/1,000)	2-3 times increased rate
Language & related problems (2%)	4 times rate of disorder
Risk factors in the family	
Family breakdown (1in 4 under 16s affected)	Significant increase in disorders
Family size & overcrowding	Large family size associated with increased conduct disorders in boys
Parental mental illness - schizophrenia - maternal psychiatric disorder	8-10 times rate of schizophrenia 1.2-4 times rate of disorder
Parental criminality	2-3 times rate of delinquency
Physical & emotional abuse	Twice rate of disorder if physically abused, 3 times if neglected
Sexual abuse	Twice rate of disorder
Environmental risk factors	
Socio-economic circumstances	Relationship not quantified
Unemployment	Relationship not quantified
Housing & homelessness	High rates developmental delay, emotional & behavioural problems
School environment	E.g. bullying
Life events	
Traumatic events, e.g. disaster, bereavement	3-5 times rate of disorder - rises with recurrent adversities

Source: The CAHMS Health Needs Assessment for Nottinghamshire, 2009

Nottinghamshire child and adolescent mental health needs assessment

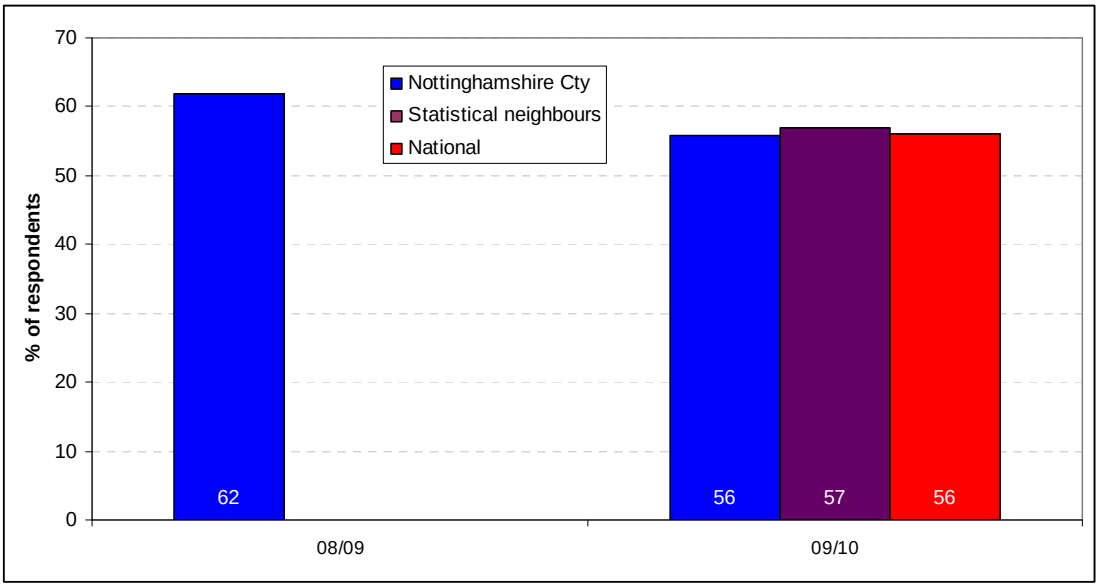
In 2009, a mental health needs assessment for children and young people was completed in Nottinghamshire, commissioned by NHS Nottinghamshire County. A key aim was to improve understanding of incidence and prevalence of mental health problems and emotional health needs of children and young people in Nottinghamshire. Through consultation with children, young people, families and workers and by analysing other available data including the uptake of services as a proxy measure of need (bearing in mind the limitations of this approach), a clearer picture of need is now available.

Children, young people, families and workers identified the following factors as necessary for good emotional health:

- Happiness
- Having friends and living in friendly neighbourhoods
- Positive activities and places to go for children, young people and families
- Tailored support to meet the needs of children in vulnerable circumstances. Some children expressed feelings of isolation and described difficulties in ''fitting in''; other children described how they often felt embarrassed by their parents' behaviour
- Good access to targeted support, delivered by people who care, in young people friendly settings
- Support for children and young people at key transition points to prevent problems developing or escalating. This includes support at challenging times in development such as puberty, managing challenging life circumstances, (relationship difficulties, family turbulence, illness and disability) and negotiating child-young person-adult services
- Help and support for parents when and where they need it, including support for parents' own emotional health needs, since they need to support their own family's well-being
- Emotional health training for staff across all sectors engaging with/supporting children and families.

The Tellus Survey[23] measures emotional health of children in a number of ways, including asking young people if they enjoy good relationships. Results for Nottinghamshire indicate that the percentage responding positively to this question has fallen slightly between 2008/09 and 2009/10.

Figure 2.6.2 NI 50 Emotional health of children: percentage of children who enjoy good relationships with their family and friends



Source: Tellus Survey, 2009 & 2010

By analysing the prevalence of certain risk factors known to be associated with poor mental health and looking at the use of child and adolescent mental health services (CAMHS), it is possible to develop a picture of emotional and mental health needs in the boroughs/districts of Nottinghamshire. Key indicators considered are:

- deprivation level
- children in poverty
- homelessness
- mental illness (adults – as measured by Mental Illness Needs Index)
- GCSE attainment
- use of drugs.

[23] **Caution should be exercised when using Tellus 4 data. Although the Department for Children, School and Families regard the data as statistically valid, it should be noted that only 21 schools in Nottinghamshire responded (488 primary pupils and 972 secondary pupils) to the survey.** Nottinghamshire's full Tellus 4 results can be accessed at http://www.Tellussurvey.org.uk/Reports/Reports.aspx

Ashfield

Ashfield scores poorly in relation to the six indicators associated with increased risk of a child developing mental health problems. As of 2009:

- for the selected indicators, children in Ashfield were more at risk of poor mental health than the population of the East Midlands as a whole
- Ashfield district had a significantly higher proportion of its adults and children living in deprivation compared to the East Midlands
- there were significantly higher levels of drug use and mental illness compared to the regional average
- homelessness in Ashfield was significantly lower than the regional average.

Mansfield

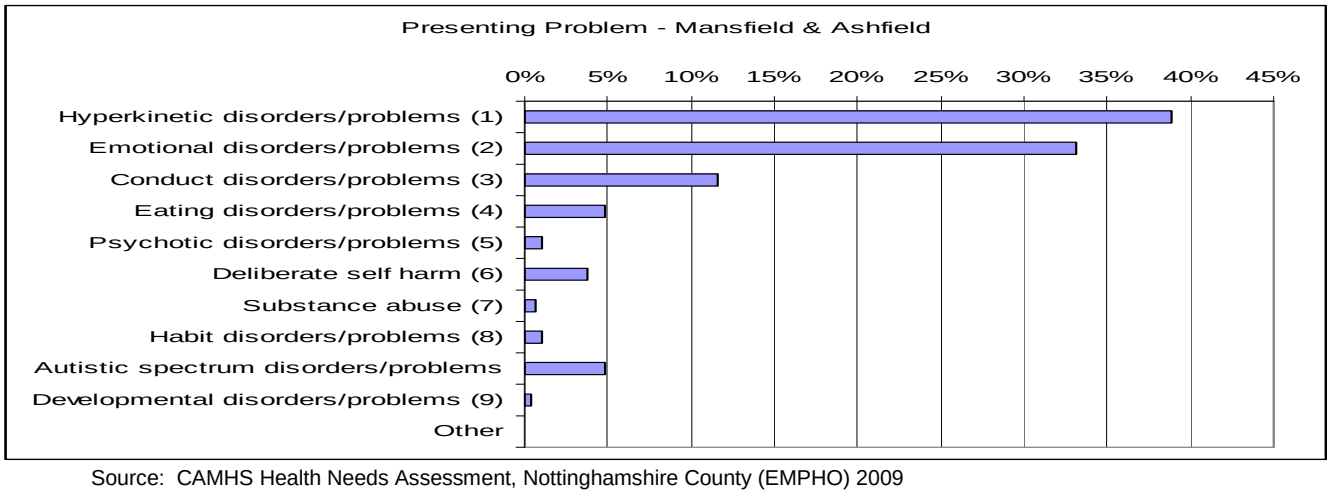
As of 2009:

- there were high levels of deprivation
- the Mental Illness Needs Index (MINI) score of 1.08 was the highest in the county
- Mansfield had the highest levels in the county of childhood poverty, homelessness and mental illness
- Mansfield had the highest number of young offenders.

Specialist CAMHS in Mansfield & Ashfield

Specialist CAMHS are delivered through the Mansfield and Ashfield locality based team. Ashfield distinct data cannot be separated. The Mansfield & Ashfield Team has the largest proportion of the county caseload, the largest proportion of cases waiting and also the largest proportion of staff. The team also has the largest proportion of its caseload who have additional needs (including those with a learning disability, young offenders or children looked after). Almost 40% of children presenting to the specialist team do so with hyperkinetic disorders; there are low levels of eating disorders, substance misuse and self harm.

Figure 2.6.3 Presenting problem - Mansfield & Ashfield specialist CAMHS



Source: CAMHS Health Needs Assessment, Nottinghamshire County (EMPHO) 2009

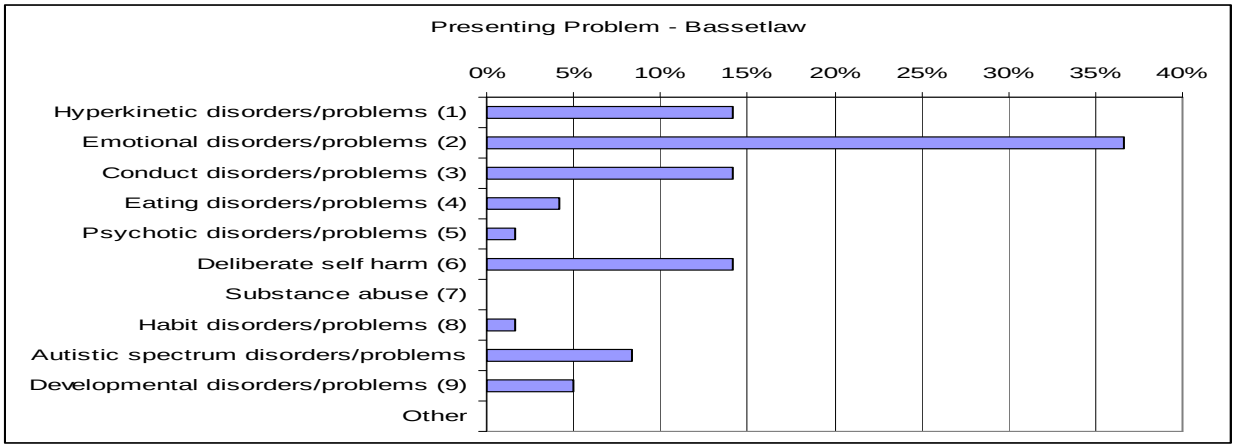
Bassetlaw
As of 2009:

- 23.7% of the Bassetlaw population lived in the most deprived national quintile
- drug misuse in Bassetlaw was significantly higher than the East Midlands average
- the locality had the third highest number of young offenders in Nottinghamshire and the third highest rate of homeless people.

Specialist CAMHS in Bassetlaw

Specialist CAMHS in Bassetlaw are delivered through a locality based team, with 14% of the county caseload. There are a relatively high number of children on the caseload with additional needs (8%). Over 35% of cases present with emotional disorders/problems, and 14% with hyperkinetic disorders/problems, conduct disorders/problems and deliberate self harm. Bassetlaw has a significantly high specialist admission rate of 135.2 per 100,000, which is linked to factors associated with substance misuse and alcohol. The district has a significantly high rate of alcohol-specific hospital admission in under 18s at 114.7 per 100,000 (crude rate).

Figure 2.6.4 Presenting problem - Bassetlaw specialist CAMHS



Source: CAMHS Health Needs Assessment, Nottinghamshire County (EMPHO) 2009

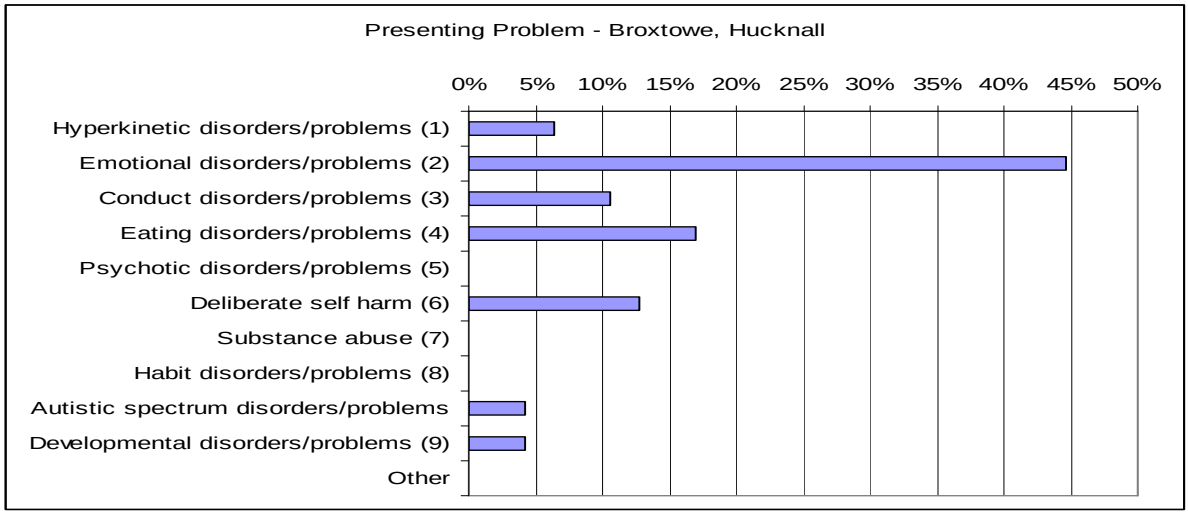
Broxtowe
As of 2009:

- 2.7% of the Broxtowe population lived in the most deprived national quintile
- the Mental Illness Needs Index (MINI) score suggested low levels of adult mental health problems
- Broxtowe had a significantly lower proportion of its residents that misused drugs or were homeless compared to the East Midlands.

Specialist CAMHS in Broxtowe & Hucknall

Specialist CAMHS in Broxtowe are delivered through a locality based team which covers Broxtowe and Hucknall. This has 10% of the county caseload with a relatively high number of children with additional needs (5%). 44% of cases present with emotional disorders/problems, 17% with eating disorders/problems and 13% with self harm. Broxtowe has the lowest specialist CAMH admission rate in Nottinghamshire (at 34 per 100,000).

Figure 2.6.5 Presenting problem - Broxtowe & Hucknall Specialist CAMHS



Source: CAMHS Health Needs Assessment, Nottinghamshire County (EMPHO) 2009

Gedling

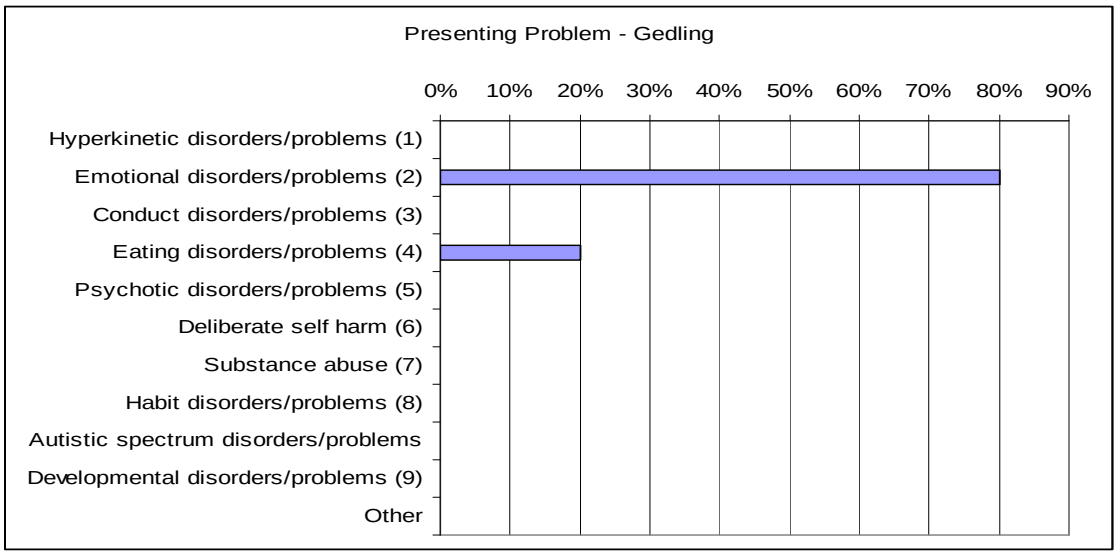
As of 2009:

- only 2% of the Gedling population lived in the most deprived national quintile
- for each of the selected risk factors, Gedling fared significantly more favourably than the East Midlands average with the exception of GCSE attainment (where there was no significant difference between the district and East Midlands value).
- Gedling had significantly lower levels of homelessness, mental illness and drug abuse.

Specialist CAMHS in Gedling

Specialist CAMHS in Gedling are delivered through a locality based team which has only 1% of the county locality based caseload. 80% of these referrals presented with emotional disorders/problems and 20% with eating disorders/problems. Gedling has the second lowest CAMHS admission rate (44.8 per 100,000).

Figure 2.6.6 Presenting problem - Gedling specialist CAMHS



Source: CAMHS Health Needs Assessment, Nottinghamshire County (EMPHO) 2009

Newark & Sherwood

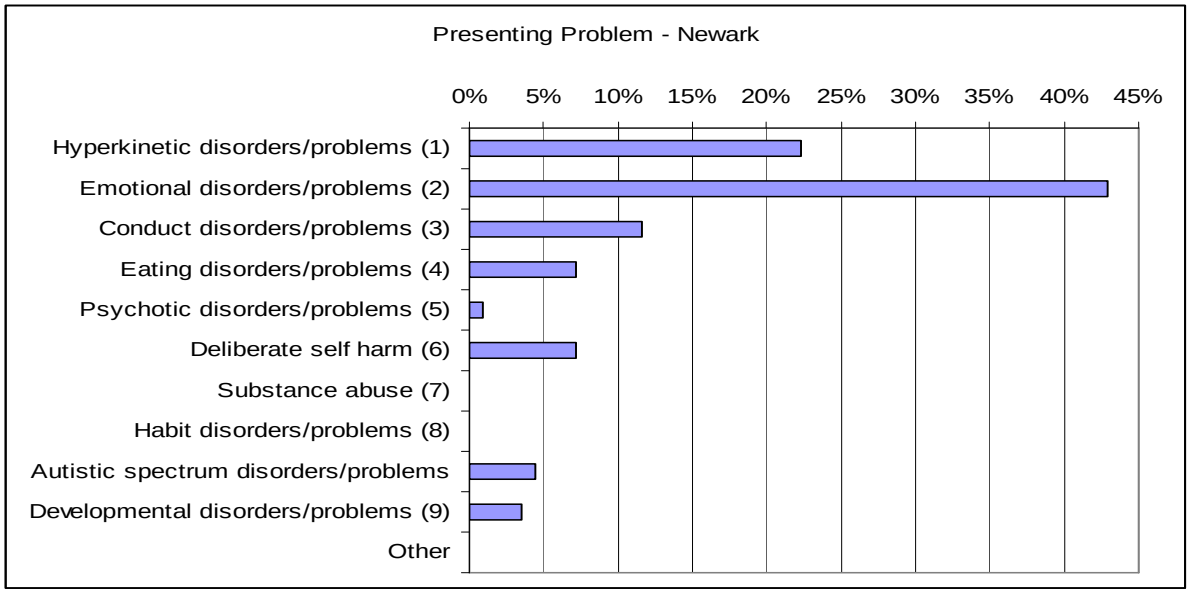
As of 2009:

- Newark & Sherwood contained areas of deprivation and affluence
- the MINI score was below the UK average
- a significantly lower proportion of people in Newark & Sherwood were known to misuse drugs, experience mental illness, live in relative deprivation or be homeless compared to the East Midlands
- the district has the second highest number of young offenders and a large number of households from the travelling community.

Specialist CAMHS in Newark & Sherwood

Specialist CAMHS are delivered through a locality based team which has 10% of the county caseload. 15% of referrals have additional needs, over 40% present with emotional disorders/problems, and over 20% with hyperkinetic disorders/problems. Newark & Sherwood has the second highest rate of admission (78.4 per 100,000).

Figure 2.6.7 Presenting problem - Newark & Sherwood specialist CAMHS



Source: CAMHS Health Needs Assessment, Nottinghamshire County (EMPHO) 2009

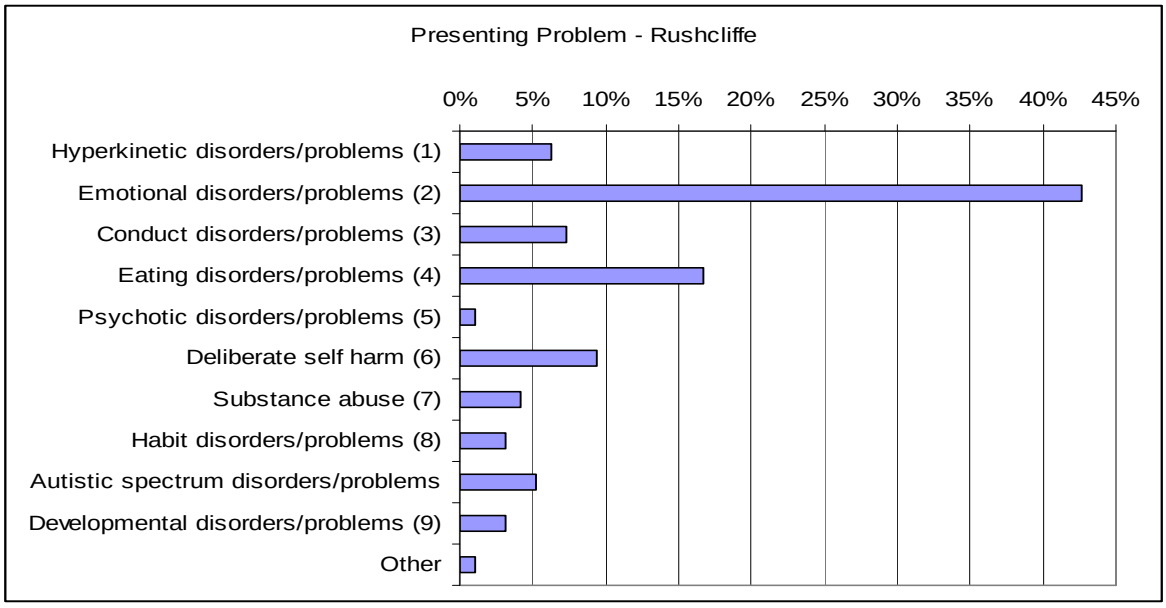
Rushcliffe
As of 2009:

- the Rushcliffe population lived in the least deprived national quintile
- for each of the selected CAMH risk factors, Rushcliffe fared significantly more favourably than the East Midlands as a whole
- Rushcliffe also had the most favourable outcomes of all districts in Nottinghamshire for each of the six indicators.

Specialist CAMHS in Rushcliffe

Specialist CAMHS in Rushcliffe are delivered through a locality based team which has 8% of the total locality based caseload. 7% of referrals have identified additional needs. 43% present with emotional disorders/problems, 16% with eating disorders/problems and almost 10% with self harm. Rushcliffe has the third lowest admission rate (47.1 per 100,000).

Figure 2.6.8 Presenting problem - Rushcliffe specialist CAMHS



Source: CAMHS Health Needs Assessment, Nottinghamshire County (EMPHO) 2009

As can be seen from the data presented, boroughs/districts in Nottinghamshire have quite different levels of emotional and mental health need, with prevalence of disorders varying also. Issues related to socio-economic deprivation across the county have a considerable influence on levels of need, with more deprived areas generally having higher risk factors for poor emotional and mental health in children and young people.

2.7 Teenage Pregnancy (last updated September 2010)

Key Messages

1. Nottinghamshire has achieved an overall reduction in teenage conceptions of 13.6% from the 1998 baseline. However, this masks variances in reduction across wards and districts in Nottinghamshire.

2. Ashfield (30.4%) and Gedling (26.3%) have had the greatest reductions in under-18 conceptions since the 1998 baseline. Ashfield is the only district that has had a significant reduction in under-16 conceptions.

3. Mansfield district has the highest under-18 conception rate (48.8 per 1000 15-17 year old females) and the most hotspot wards (six).

4. Terminations of pregnancy rates are similar in Nottinghamshire to other comparative areas. Of the 588 under-18 conceptions in 2008, 48% led to a termination.

The UK has one of the highest rates of teenage pregnancy in Western Europe. In practice, this is normally measured as a conception rate, as some conceptions will result in a birth, others will end with a termination or abortion. Nationally, by 2008, there had been a 13.3% reduction in the under-18 conception rate from the baseline year in England. Nottinghamshire has achieved a 13.6% reduction in teenage conception rates since the 1998 baseline. However, variances across the county between districts remain, and these are associated with levels of deprivation.

Teenage pregnancy is a priority nationally and locally because children born to teenagers are much more likely to experience poorer health and well-being outcomes. Children born to teenagers are also more likely to become teenage parents themselves. Poorer outcomes associated with teenage pregnancy include[24]:

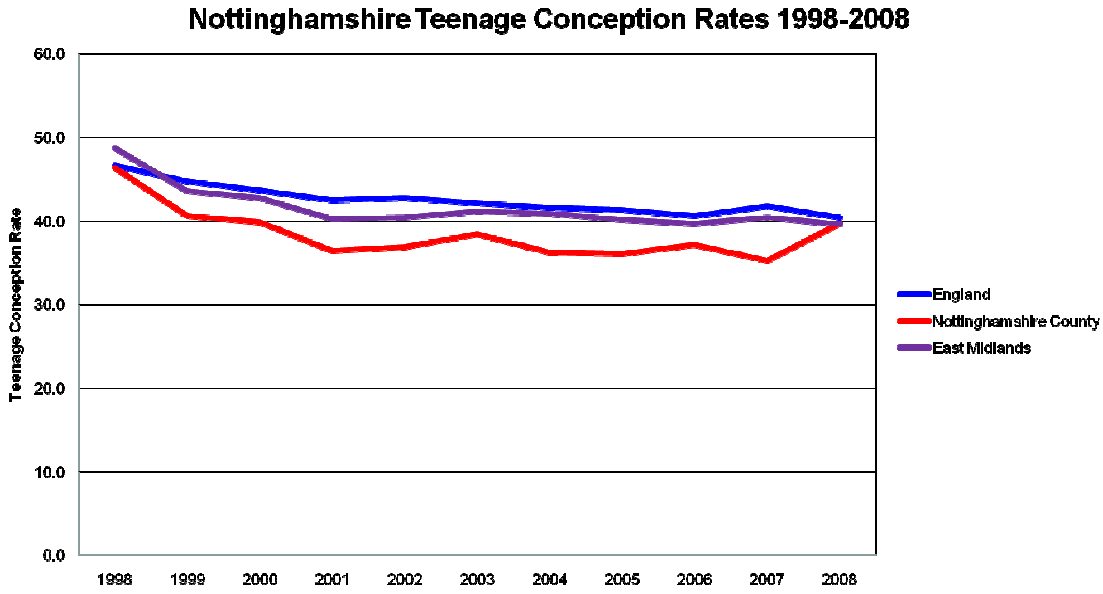
- a significant proportion of teenage mothers have more than one child when still a teenager. Around 20% of births conceived by women under 18 are second or subsequent births
- the infant mortality rate is 60% higher amongst babies born to teenagers
- teenage mothers are more likely to smoke during pregnancy and less likely to breastfeed - both consequently have a negative impact on the child's health
- post natal depression is three times more common in teenage mothers than older mothers
- teenage mothers achieve less well educationally, are often isolated and are more likely to bring up their child alone and in greater poverty
- children of teenage mothers are at increased risk of poverty, lower educational attainment, poor housing, poor health and have lower economic activity in adult life.

[24] DFES (2006) Teenage pregnancy next steps

The key national target is a 50% reduction in the under-18 conception rate by 2010 (from the 1998 baseline of 46.4 per 1,000). This is a Local Area Agreement priority (NI 112) and a Tier 2 Vital Sign[25].

Provisional statistics published by the Office for National Statistics (ONS) show that in 2008 the under-18 conception[26] rate[27] in Nottinghamshire was 40.0 per 1000 15-17 year old females. Conception rates have decreased by 13.6% from 1998 baseline figures[28]. There were 588 under-18 conceptions in 2008 compared with 524 in 2007. To meet the 2010 50% reduction target, conceptions will need to be reduced by a further 36.4%. The overall rate of reduction for Nottinghamshire to date, whilst encouraging, means that it is extremely unlikely that the target of a 50% reduction by 2010 in the rate of teenage pregnancies within each local authority area will be met.

Figure 2.7.1



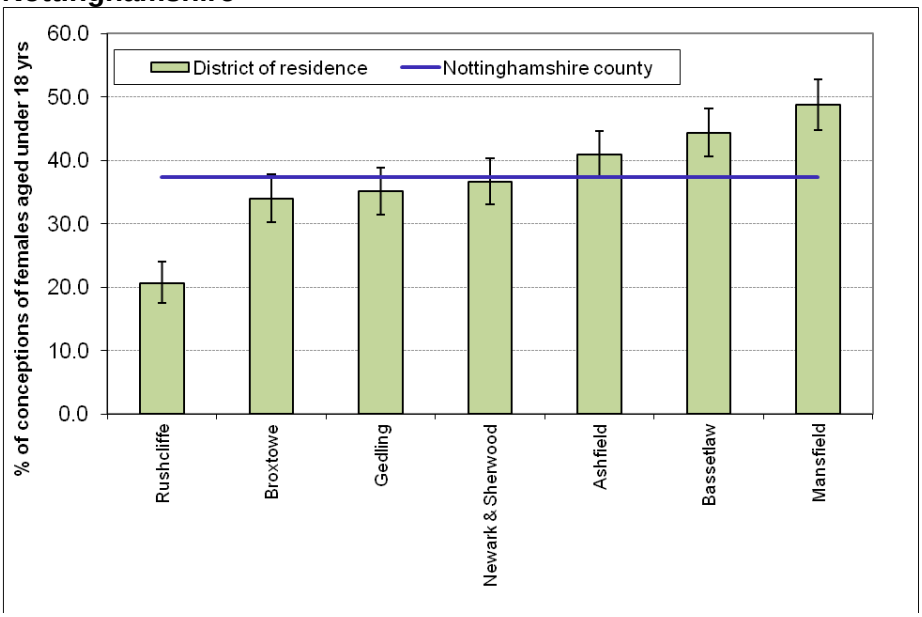
Source: Teenage Pregnancy Unit, 2010

Teenage Conception Data by District 1998-2008

The overall trend for all of Nottinghamshire's seven districts since the 1998 baseline is downwards. However, Figure 2.7.2 highlights the differences between the districts. (N.B. – district level data is aggregated to include a three year period, and consequently the reduction for Nottinghamshire County is different to the provisional 2008 rate of 40.0 per 1000 and a reduction of 13.6% since the baseline).
Rates in Mansfield, Bassetlaw and Ashfield are higher than that of the county average. Rushcliffe has the lowest under-18 conception rate of all the districts.

[25] Vital signs are an element of the NHS performance monitoring system
[26] Data includes conceptions which results in one or more registered live or still births or legal abortion (under the Abortion Act 1967). It does not include miscarriages or illegal abortions.
[27] Teenage conception rates are measured for conceptions amongst young women per 1000 15-17 year olds resident within a Local Authority boundary.
[28] The year given relates to the year in which the conception occurred.

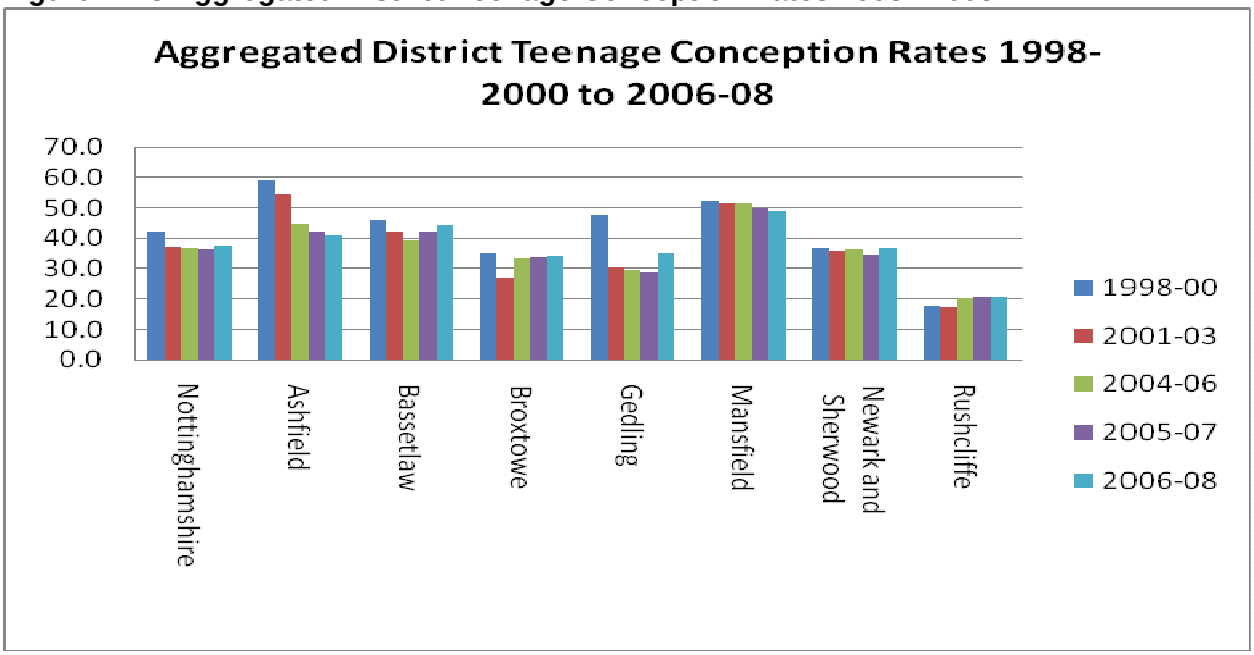
Figure 2.7.2 Under-18 conception rates 2006-2008 by district compared to Nottinghamshire



Source: Teenage Pregnancy Unit, 2010

All the districts with the exception of Rushcliffe have made a reduction in teenage conceptions from the aggregated baseline. However, for 2006-08 there has been an increase in four (Bassetlaw, Broxtowe, Gedling and Newark & Sherwood) of the seven districts relative to the previous period 2005-07.

Figure 2.7.3 Aggregated District Teenage Conception Rates 1998 - 2008

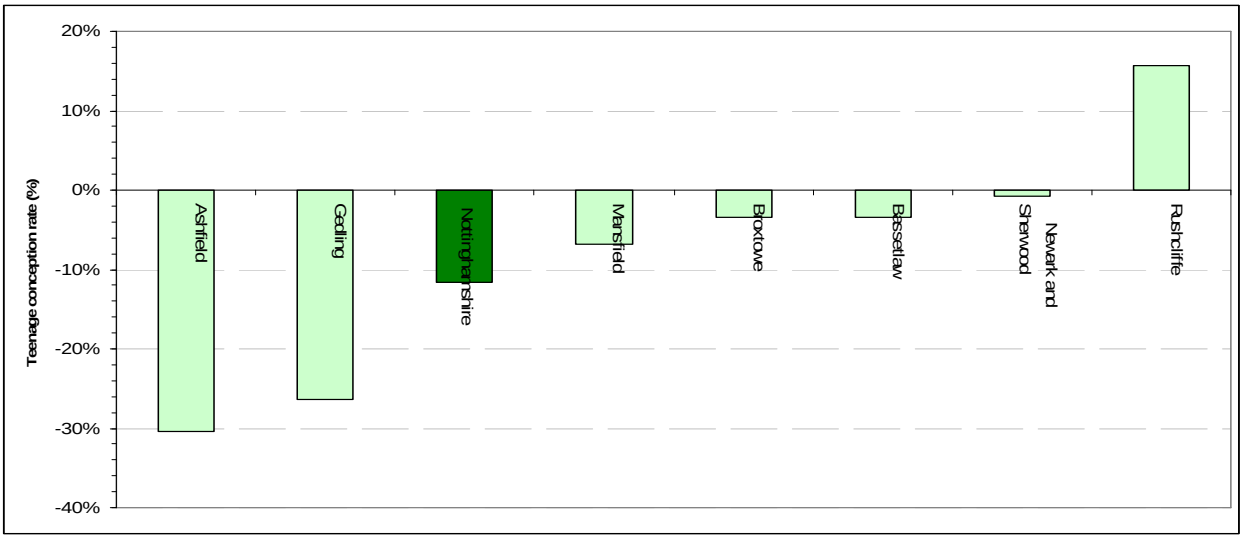


Source: Teenage Pregnancy Unit, 2010

Figure 2.7.4 shows the percentage change since the aggregated 1998-2000 baseline for each district. As mentioned above, all areas have seen a reduction in teenage conception rates except for Rushcliffe, which has seen a 15.7% increase, resulting in 23 more conceptions amongst under-18's since 1998. However, Rushcliffe remains

the district with the lowest teenage conception rate and number across Nottinghamshire.

Figure 2.7.4 NI 112 Change in teenage conception rates by district of residence in Nottinghamshire between 1998/2000 and 2006/08



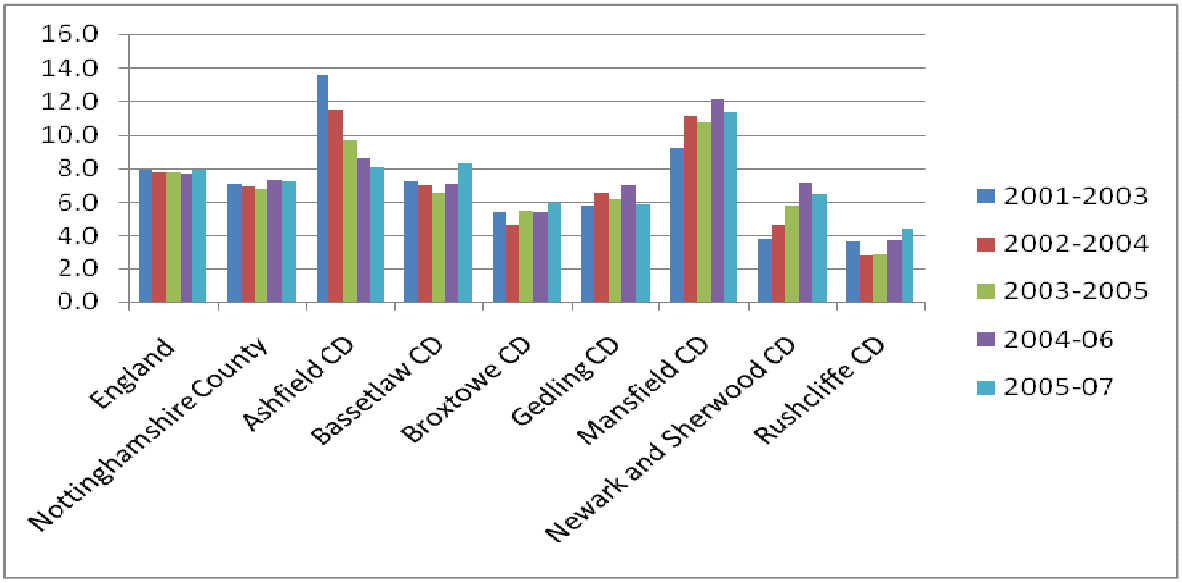
Source: Teenage Pregnancy Unit, 2010

Ashfield has seen the largest reduction in teenage conception rates with a reduction of 30.4% since the 1998/2000 baseline. Gedling has also had a significant reduction in rates (26.3%). In relation to actual numbers of teenage conceptions by district, there have been increases since the baseline in Bassetlaw, Broxtowe, Rushcliffe and Newark & Sherwood.

Under-16 aggregated conception data 2001/03 – 2005/07

The conception rate for under 16s in 2005/07 (most recent data available) in Nottinghamshire was 7.2% and similar to the national average. However, district level data shows discrepancies, with Mansfield having significantly higher teenage conception rates amongst under-16s, others remaining static and only Ashfield's rates consistently declining.

Figure 2.7.5 Under-16 conception rate by district and county 2005-07



Source: Teenage Pregnancy Unit, 2010

Ward level teenage conceptions

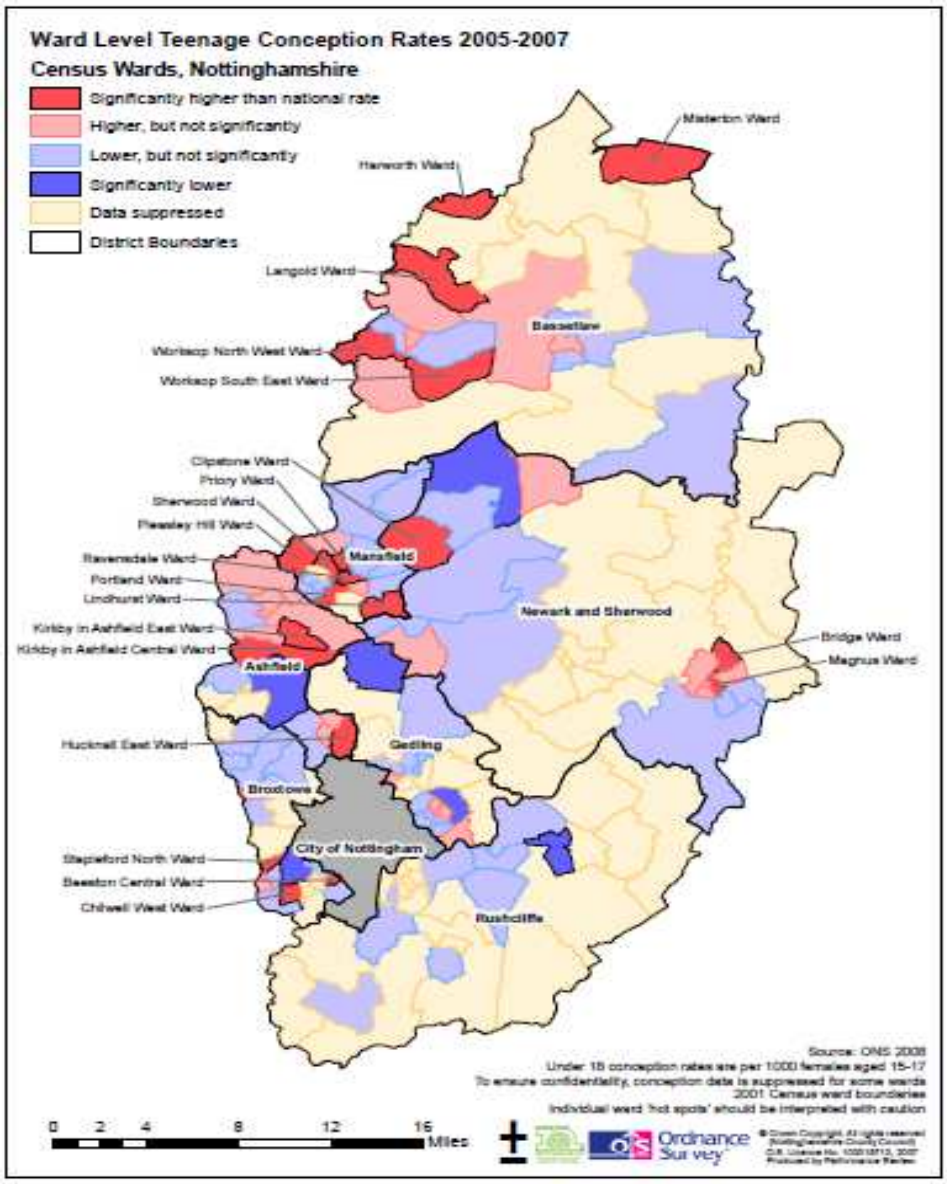
The overall rate of reduction for Nottinghamshire and districts masks the situation in a number of localities where rates are either static or increasing slightly.

Teenage conception data by ward is provided on an aggregated basis to ensure that young people cannot be identified. In some wards conception rates are suppressed by ONS for confidentiality reasons. This occurs where there are fewer than five conceptions. 55 out of 156 wards in Nottinghamshire were suppressed, so not all wards from the county are presented in Figure 2.7.6.

Hot spot wards are identified where the teenage conception rate is significantly higher than the England teenage conception rate. These are indicated by the bright red areas on Figure 2.7.6. In total, there are 20 hot spot wards in Nottinghamshire. This has increased from 18 hot spot wards in 2004-06. Aggregated 2005-07 ward data shows that there are 43 wards with rates higher than the England conception rate of 40.4 conceptions per 1000 15-17 year old females (2008 national data).

All districts have at least one hot spot area apart from Rushcliffe and Gedling. Teenage conceptions are linked to deprivation so hot spot areas will usually have higher levels of deprivation.

Figure 2.7.6 Nottinghamshire's 18 teenage conception hotspot wards by district 2005 – 2007

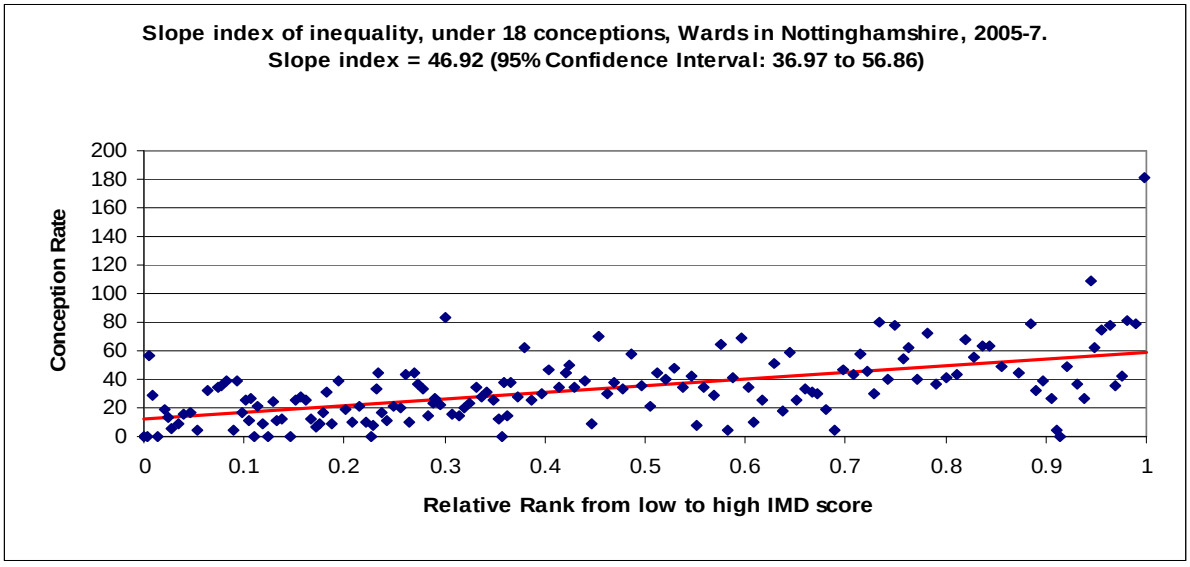


Source: Teenage Pregnancy Unit and Nottinghamshire County Council, 2010

Health Inequalities

Teenage conceptions are strongly associated with levels of deprivation in the population. The relationship between a health issue and deprivation can be quantified using the slope index of inequality (SII) and changes can be monitored over time. The SII takes into account the relative population size and the level of deprivation of each ward in Nottinghamshire. The SII shows the difference in conception rate between the most deprived wards and the least deprived wards. Figure 3.4.7 shows that for the period 2005 – 2007 there is a slope index of 46.92 which means that there were just over 46 more conceptions per 1,000 females aged 15-17 in the most deprived wards than in the least deprived wards (95% confidence intervals (CI) indicate the figure is between 36 and 57).

Figure 2.7.7 Slope index of inequality showing under-18 conceptions by ward in Nottinghamshire 2005 - 2007.



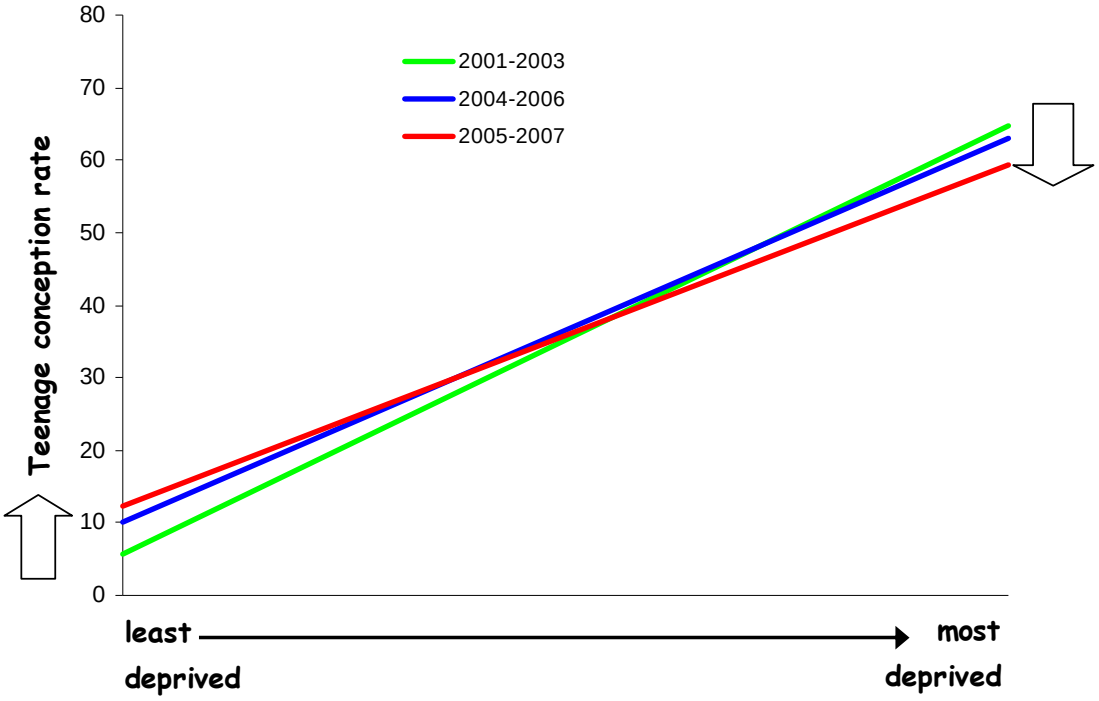
Source: Teenage Pregnancy Unity and East Midlands Public Health Observatory, 2010.
[Indices of Multiple Deprivation (IMD) score ranges from 0 (least deprived) through to 1 (most deprived) wards]

The aim over time is that health inequalities are reduced by lowering teenage conceptions across the whole of Nottinghamshire but to a greater degree in more deprived wards. This would have the effect of flattening the slope therefore reducing the SII value without increasing the rate of teenage conceptions in less deprived wards.

Figure 2.7.8a shows how the SII (without the wards plotted) has changed over three different time periods (2001-03, 2004-06 and 2005-07). This shows that the conception rate in the most deprived wards has reduced in 2005-07 from that of 2001-03 (top right end of slope) but the conception rate in the least deprived wards has increased. This implies that health inequalities have reduced slightly but not in the way we would want.

The accompanying table, Figure 2.7.8b, shows the SII value, which has reduced over time, alongside the under-18 conception rate, which has remains fairly static over the same time period.

Figure 2.7.8a Change in slope index of inequality for teenage conception in Nottinghamshire County wards over time



Source: Teenage Pregnancy Unit and East Midlands Observatory, 2010
[IMD score ranges from 0 (least deprived) through to 1 (most deprived) wards]

Table 2.7.8b As above

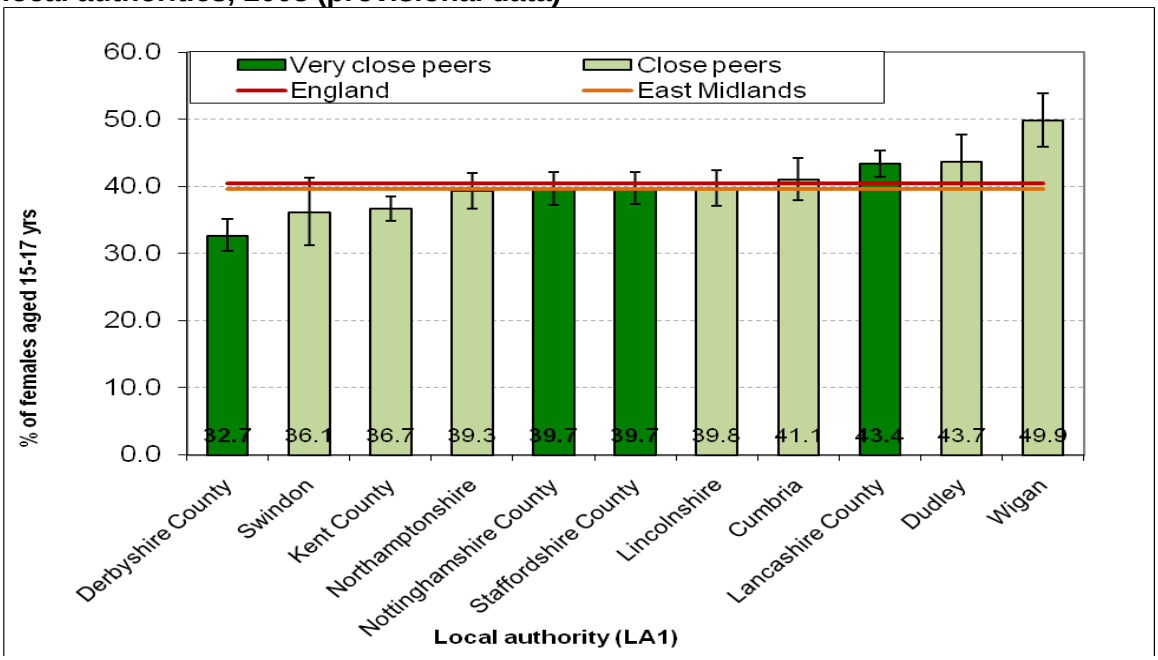
Nottinghamshire	2001-03 (95% confidence interval)	2004-06 (95% confidence interval)	2005-07 (95% confidence interval)
Slope Index of Inequality value	59.08 (50.2,68.0)	53.00 (43.7,63.3)	46.9 (37.0,56.9)
Under 18 conception rate per 1000 15-17	37.3	36.5	36.2

Source: Teenage Pregnancy Unity and East Midlands Public Health Observatory, 2010

Benchmark against other similar areas

It is useful to benchmark against other areas which have been classified as having similar profiles. Figure 2.7.9 compares the 2008 Nottinghamshire under-18 conception rate with other similar local authorities, together with the East Midlands and England rate. This figure illustrates that Nottinghamshire's under-18 conception rate is similar to comparable local authority areas.

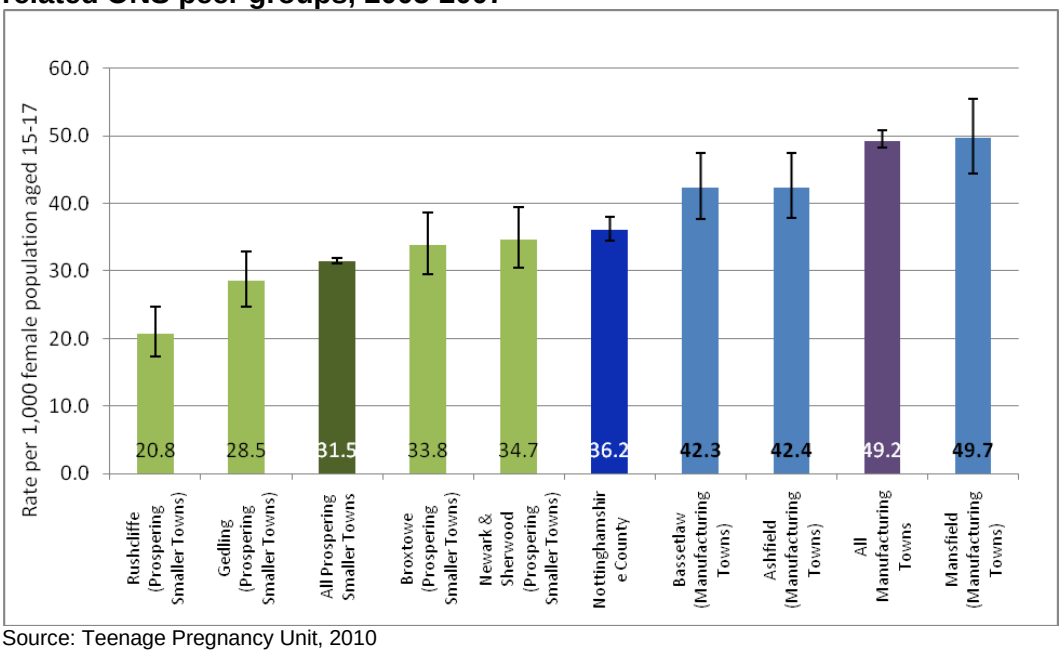
Figure 2.7.9 Under-18 conception rates for Nottinghamshire County and peer local authorities, 2008 (provisional data)



Source: Teenage Pregnancy Unity and East Midlands Public Health Observatory, 2010

Figure 2.7.10 compares the districts within Nottinghamshire with areas that are similar. A different set of peers is used at district level, as defined by ONS. Rushcliffe, Gedling, Broxtowe and Newark & Sherwood are classified as Prospering Smaller Towns. Rushcliffe is the only area with a rate which is significantly lower than the ONS peer group average. Ashfield, Mansfield and Bassetlaw are classified as Manufacturing Towns. Ashfield and Bassetlaw have significantly lower rates of teenage conception than their ONS peer group average.

Figure 2.7.10 Under-18 conception rate by district in Nottinghamshire and related ONS peer groups, 2005-2007



Source: Teenage Pregnancy Unit, 2010

Termination of Pregnancy/Abortion

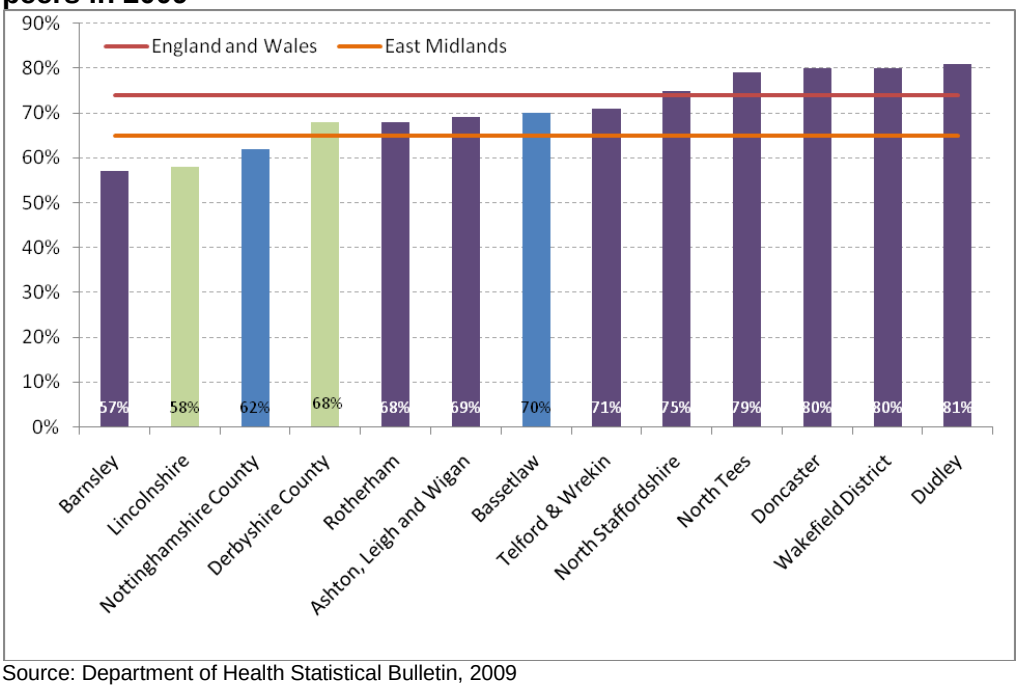
The National Sexual Health and HIV Strategy (Department of Health, 2001) highlighted that there are wide variations in access to NHS Termination of Pregnancy (TOP) services, methods available and waiting times, with evidence that women who choose to seek a termination can wait up to four or five weeks in some areas of the country. The Strategy's implementation plan set a national standard that women who meet the legal requirements should have access to a termination within 21 days of referral.

In 2009, there were a total of 189,100 TOPs for residents of England and Wales, 94% funded by the NHS. 91% of terminations were carried out at under 13 weeks gestation and 75% were performed under 10 weeks. Termination of pregnancy is a local priority because early access to services allows for more choice and specifically allows for less invasive procedures to be used, including early medical abortions, avoiding the need for anaesthesia and surgery. The risks of sequelae post termination are reduced the earlier a termination of pregnancy is performed.

Termination of pregnancy by period of gestation

Nationally, 75% of terminations were carried out within 10 weeks of gestation in 2009. In the East Midlands this figure is lower at 65% and locally, in NHS Nottinghamshire County, 62% of TOPs were performed under 10 weeks gestation. In NHS Bassetlaw the figure is higher than the regional average at 70%.

Figure 2.7.11 Percentage of terminations of pregnancy funded by the NHS and carried out at under 10 weeks gestation, by PCT of residence for statistical peers in 2009

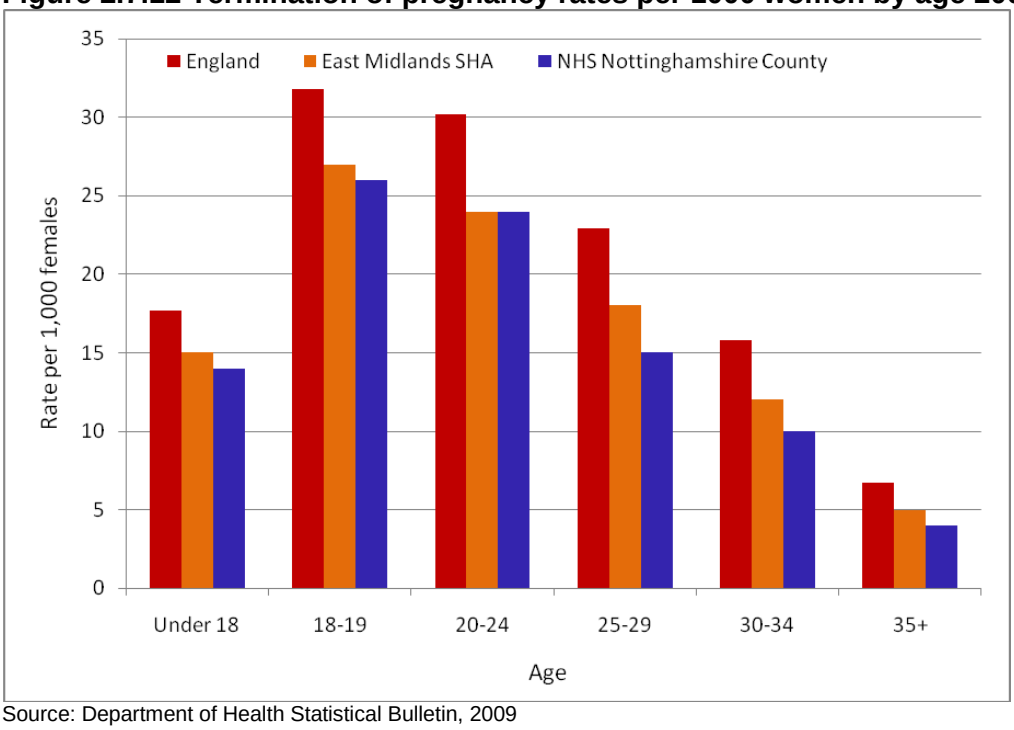


Source: Department of Health Statistical Bulletin, 2009

Termination of pregnancy by age group

Based on 2009 data, the greatest rate of terminations is among 18-19 year olds (31.8 TOPs per 1000 women), followed by the 20-24 year old age group (30.2 per 1000). Termination of pregnancy rates for those under-18 are lower nationally (17.7), regionally (15.0 for East Midlands) and in Nottinghamshire (14.0).

Figure 2.7.12 Termination of pregnancy rates per 1000 women by age 2009



Source: Department of Health Statistical Bulletin, 2009

Over the duration of the Teenage Pregnancy Strategy (1999 to date), the proportion of teenage conceptions resulting in termination has increased in Nottinghamshire from 37% in 1999 to 48% by 2008, whilst the number of conceptions has reduced.

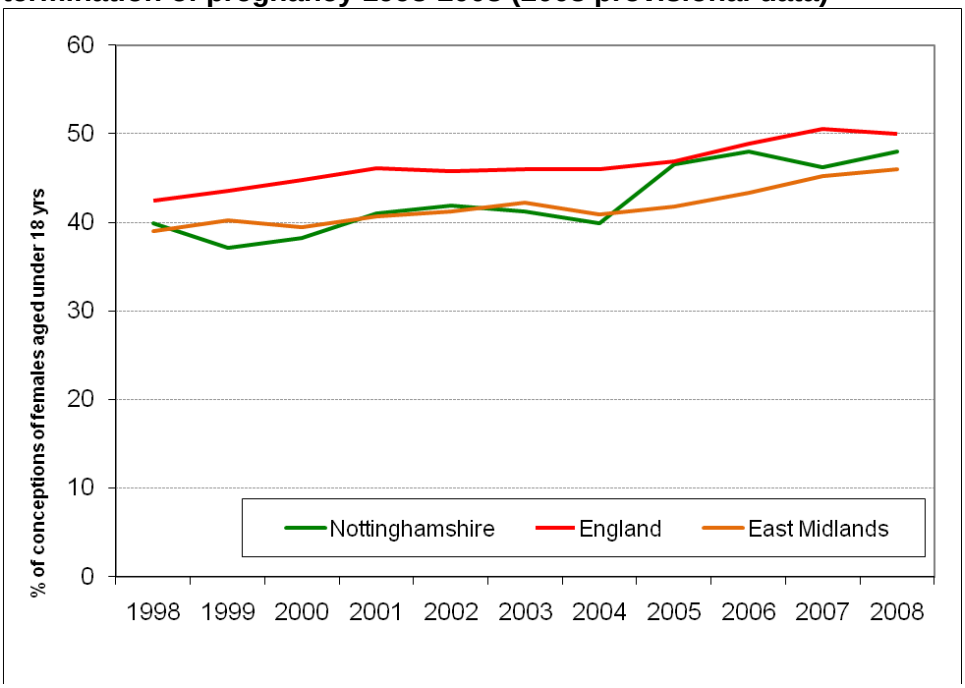
Table 2.7.13 Proportion of teenage conceptions resulting in TOP in Nottinghamshire, 1998-2008

Nottinghamshire County	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Under-18 conception numbers	614	536	531	495	515	550	531	532	549	524	588
% leading to TOP	*40%*	*37%*	*38%*	*41%*	*42%*	*41%*	*40%*	*47%*	*48%*	*46%*	*48%*

Source: Teenage Pregnancy Unit, 2010

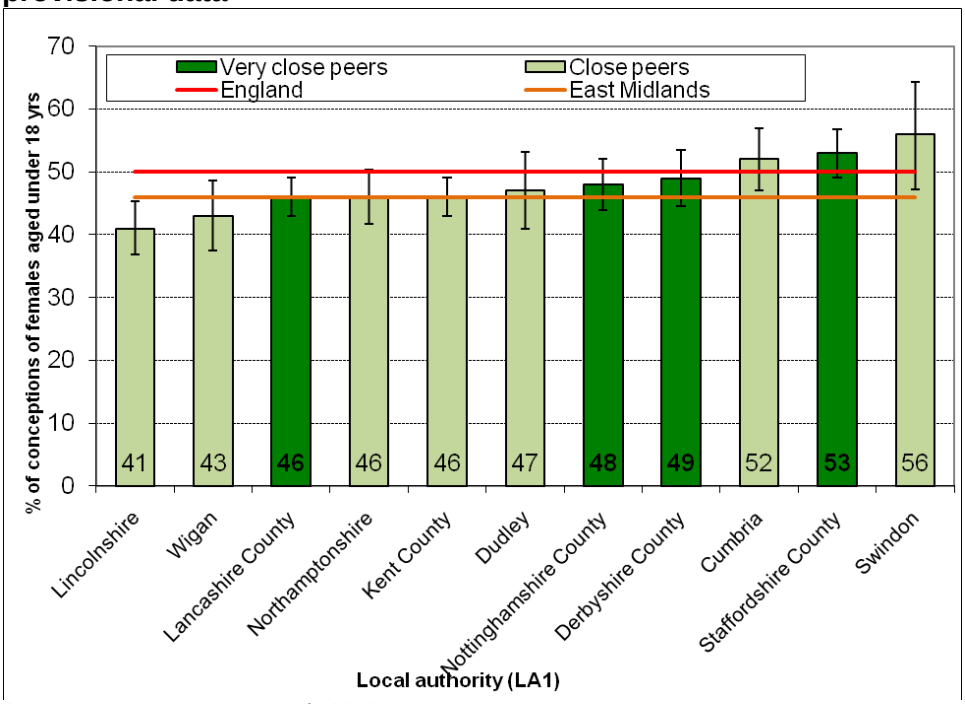
In Nottinghamshire the percentage of under-18 conceptions resulting in termination in 2008 was 48%. This compares to 50% for England and 46% for the East Midlands (Figure 2.7.14) and is similar to local authority peers (Figure 2.7.15).

Figure 2.7.14 Trend in percentage of teenage conceptions leading to termination of pregnancy 1998-2008 (2008 provisional data)



Source: Teenage Pregnancy Unit, 2010

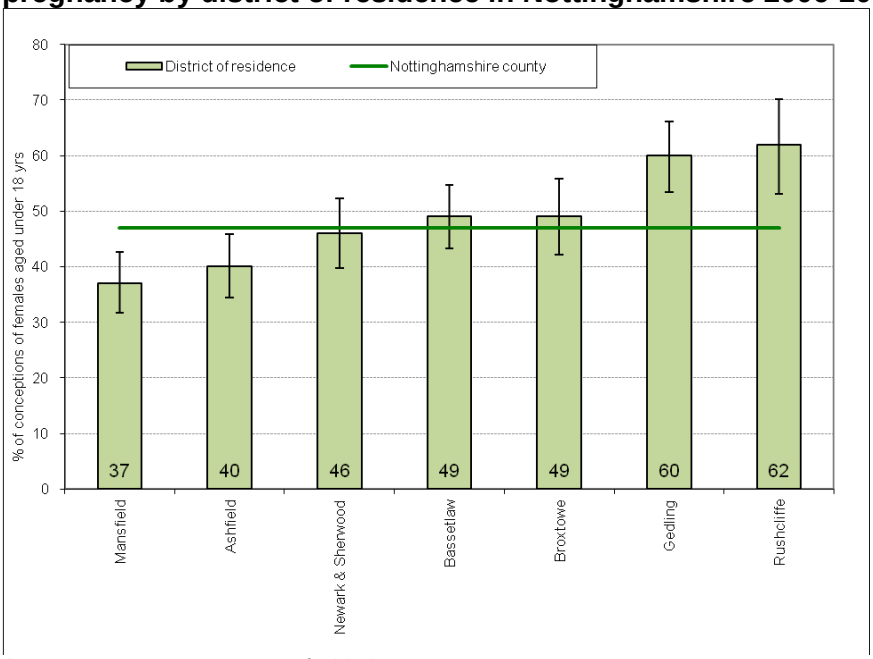
Figure 2.7.15 Percentage of teenage conceptions leading to termination of pregnancy in Nottinghamshire County and peer local authorities, 2008 provisional data



Source: Teenage Pregnancy Unit, 2010

The proportion of conceptions resulting in TOP varies across districts within Nottinghamshire. Rushcliffe has a higher proportion than the county average and the more deprived districts of Mansfield and Ashfield. The choice to terminate a pregnancy is strongly associated with the level of aspirations of a young woman. To continue with a pregnancy is often seen as a positive choice for young women with low educational attainment and limited future career plans.

Figure 2.7.16 Percentage of teenage conceptions leading to termination of pregnancy by district of residence in Nottinghamshire 2006-2008 (provisional)



Source: Teenage Pregnancy Unit, 2010

The percentage of repeat terminations in 2009 for women aged under-25 years is 18% in Nottinghamshire County, 23% in Bassetlaw, and 20% in East Midlands. The percentage of repeat terminations amongst under-19 year olds in Notttinghamshire has reduced from 9.3% in 2006 to 6.7% in 2008. This may indicate improvements in contraception education and interventions for young women accessing terminations.

2.8 Hospital admissions (last updated September 2010)

Key Messages

1. The emergency admission rate is significantly lower than the national average for NHS Nottinghamshire County and is significantly higher for NHS Bassetlaw. Compared to PCT peers, Nottinghamshire County PCT has one of the lowest emergency admission rates.

2. Within Nottinghamshire, emergency admission rates are significantly higher than the national average for Bassetlaw and Mansfield. Gedling has the lowest rate.

3. There is a clear relationship between deprivation and emergency admissions, with more deprived areas showing higher rates of admission. This reflects differences in health need, the quality of existing services, knowledge of services and access to primary care.

4. For elective admissions, there are high rates of admission for young people aged 15-19. There is no clear relationship between elective admissions and deprivation.

A key goal for the NHS, both nationally and locally, is to move care closer to home wherever possible, providing treatment for both children and adults out of hospital where appropriate. By reducing unnecessary attendances and admissions to hospital and providing high quality, accessible services close to where people live, we can improve the experiences and outcomes for children and their families and reduce avoidable expenditure.

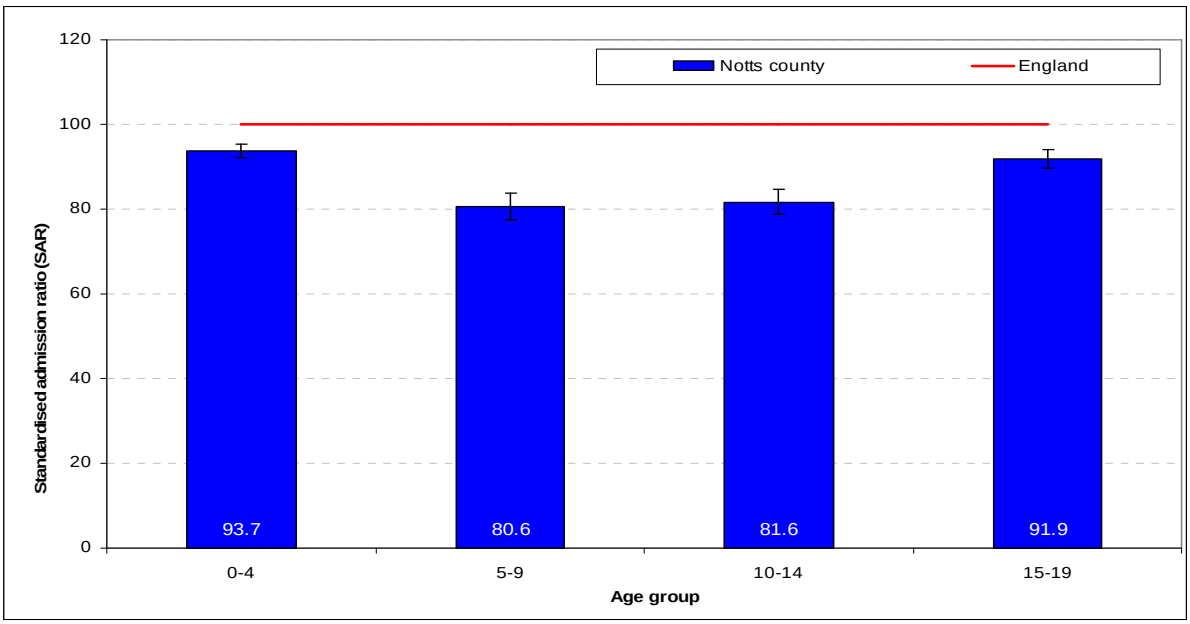
A substantial proportion of children and young people are admitted to hospital with conditions that are preventable or have limited morbidity and need for hospital-based care. They could be managed in the community. Lower admission rates are linked to higher breast feeding rates and reduction of exposure to tobacco smoke – preventive measures that reduce both incidence and severity of infections. Thus admissions could be reduced by improving the uptake and continuation of breast feeding; further encouraging smoking cessation and also improving nutrition and hygiene. Better support and consistent information for parents and carers in the care of their children and in management of illnesses in the home could also lead to fewer avoidable admissions of children to hospital.

Rates of emergency and non-emergency (elective) admissions to hospital vary across the county and are linked to age and socio-economic deprivation. However, there are also differences in admission rates related to variation in clinical practice and access to, and expectation of, health services.

Emergency admissions

Emergency admissions relate to unplanned admissions via Accident and Emergency (A&E) departments or where children are referred directly to hospital by GPs or other clinicians. Parents/carers may decide themselves or be advised to go to A&E. Overall, the emergency hospital admission rate in Nottinghamshire during 2008 and 2009 was lower than the national rate and, as shown in Figure 2.8.1, the rate was lower for every age band between 0-19 years.

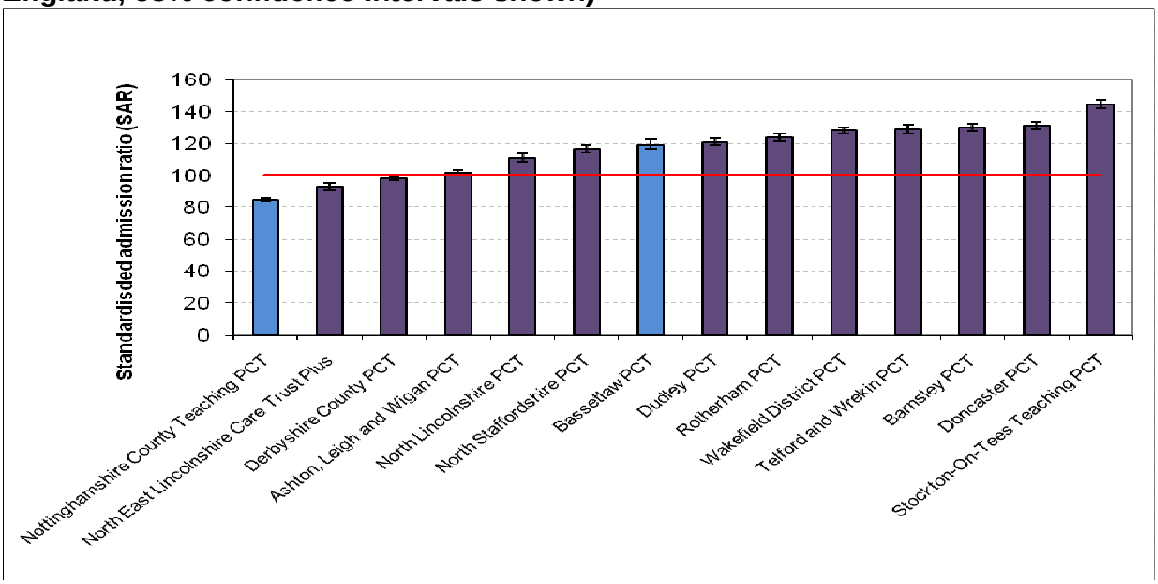
Figure 2.8.1 Emergency* hospital admissions for children of different age groups from Nottinghamshire in 2008 & 2009 (standard population is England, 95% confidence intervals shown)



Source: Hospital Episode Statistics (HES) 2010
[*All unplanned admissions, excluding births]

Figure 2.8.2 compares Nottinghamshire and Bassetlaw PCTs with peer PCTs and shows that although admission rates were lowest in Nottinghamshire County PCT, Bassetlaw had a high admission rate.

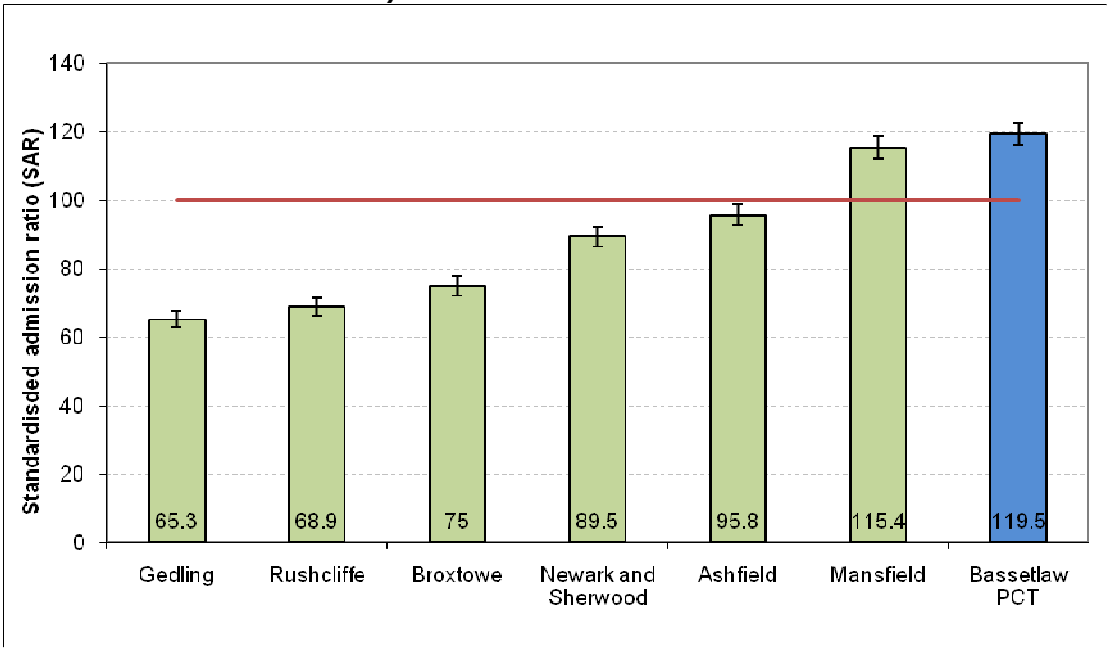
Figure 2.8.2 Emergency* hospital admissions for children aged 0-19 from Nottinghamshire and peer PCTs in 2008 & 2009 (standard population is England, 95% confidence intervals shown)



Source: Hospital Episode Statistics 2010
[*All unplanned admissions, excluding births]

This is confirmed in Figure 2.8.3, which illustrates the variation between districts within Nottinghamshire. Mansfield and Bassetlaw had significantly higher emergency hospital admission rates than England and other districts within the county. It is recognised that high emergency admission rates are associated with deprivation, which explains much of the variation between districts.

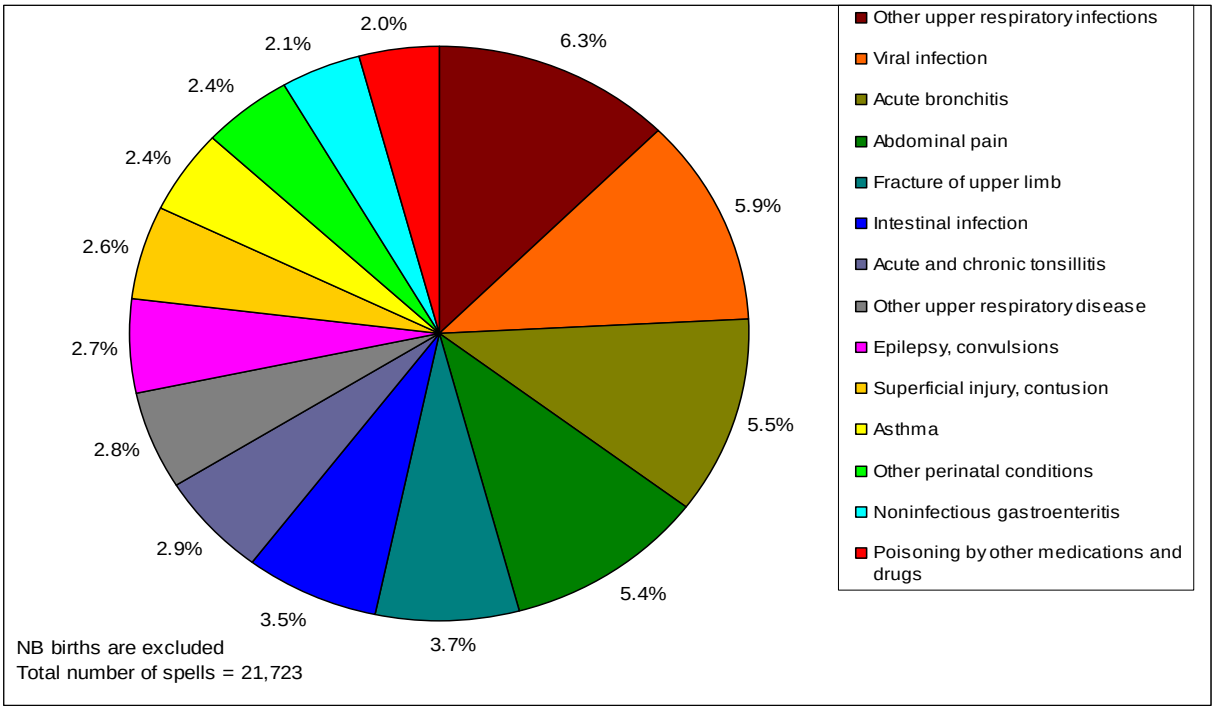
Figure 2.8.3 Emergency* hospital admissions for children aged 0-19 from Nottinghamshire Districts in 2008 & 2009 (standard population is England, 95% confidence intervals shown)



Source: Hospital Episode Statistics 2010
[*All unplanned admissions, excluding births]

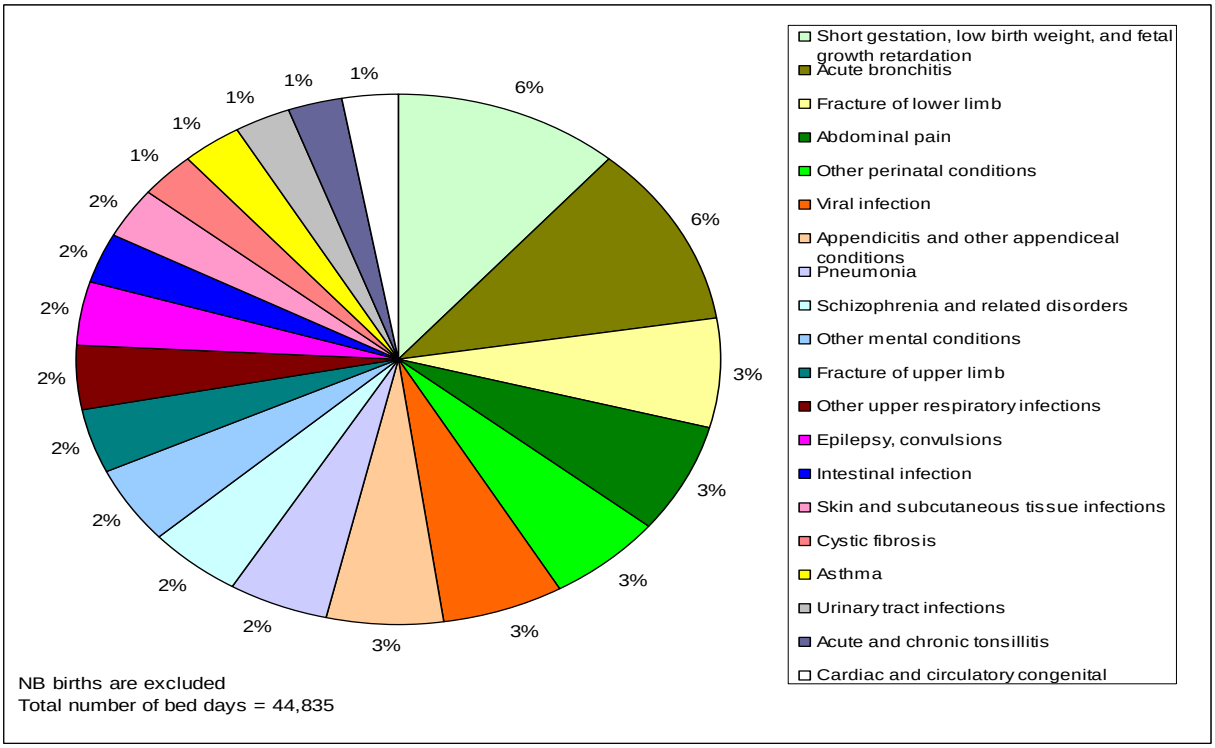
Figures 2.8.4 and 2.8.5 show the commonest primary diagnoses accounting for 50% of admissions and the diagnoses accounting for 50% of actual days spent in hospital respectively. As can be seen, infections and injuries (including fractures) were a substantial proportion of the causes of admission. The picture is similar for diagnoses responsible for emergency bed days, but in addition there were more chronic conditions identified.

Figure 2.8.4 Primary diagnoses for the top 50% of emergency admissions for children aged 0-19 living in Nottinghamshire in 2008 & 2009



Source: Hospital Episode Statistics 2010
[Due to potential confusion with colours in this diagram, the vertical order of categories in the key on the right hand side is the same as the clockwise order of the individual pie chart sections, working from the top]

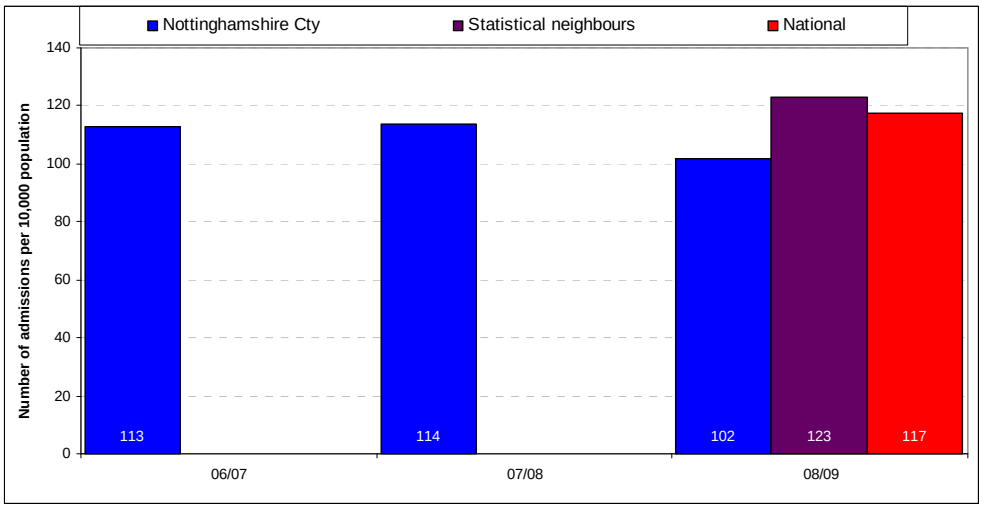
Figure 2.8.5 Primary diagnoses accounting for the top 50% emergency days in hospital for children aged 0-19 living in Nottinghamshire 2008 & 2009



Source: Hospital Episode Statistics 2010
[Due to potential confusion with colours in this diagram, the vertical order of categories in the key on the right hand side is the same as the clockwise order of the individual pie chart sections, working from the top]

The aim of National Indicator (NI) 70 is to measure hospital admissions by injury type, which will include both unintentional and deliberate injury to children and young people. The rates for children and young people in Nottinghamshire were below the national average and statistical neighbours in 2008/09, as shown in Figure 2.8.6.

Figure 2.8.6 NI 70 Rate of emergency hospital admissions caused by unintentional and deliberate injuries to children and young people

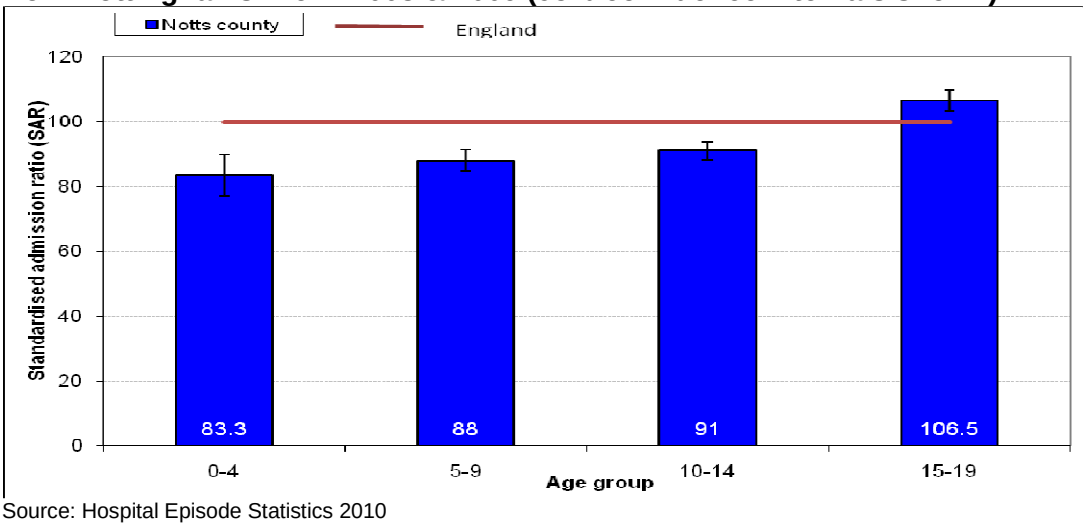


Source: Hospital Episode Statistics, 2010

Elective admissions

Elective admissions are those that are planned in advance, for example for surgical procedures, to administer regular treatments or to monitor and control particular long term conditions. The elective hospital admission rate in Nottinghamshire (2008-09) varied by age. It was lower than the national rate for all age groups except for 15-19 year olds, for which the rate was significantly higher, as shown in Figure 2.8.7. The reasons for this are unclear. However, diagnoses or causes of admission vary with age and further analysis as to cause of admission by age would be helpful.

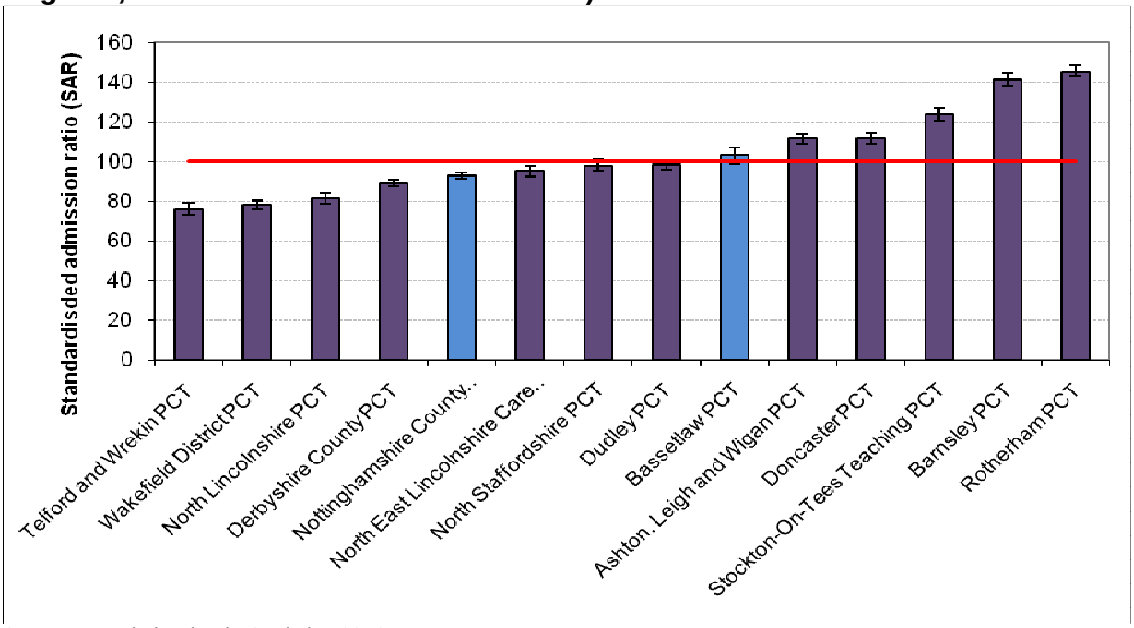
Figure 2.8.7 Planned hospital admissions for children of different age groups from Nottinghamshire in 2008 & 2009 (95% confidence intervals shown)



Source: Hospital Episode Statistics 2010

Figure 2.8.8 compares NHS Nottinghamshire County and NHS Bassetlaw with peer PCTs. Compared to England as a whole, elective admission rates were lower in Nottinghamshire County PCT and similar to the national rate in Bassetlaw.

Figure 2.8.8 Planned hospital admissions for children aged 0-19 from Nottinghamshire and peer PCTs in 2008 & 2009 (standard population is England, 95% confidence intervals shown)



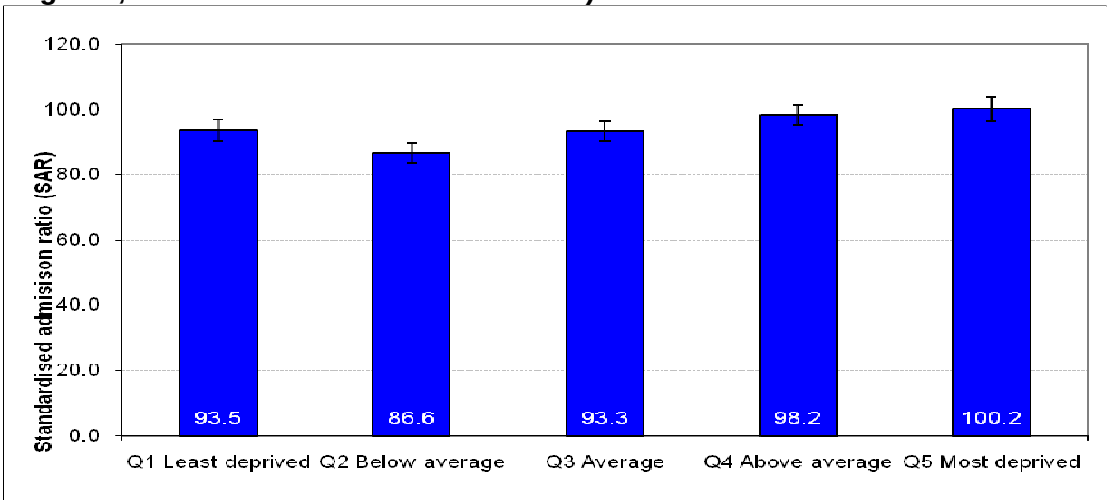
Source: Hospital Episode Statistics 2010

There was no marked variation in rates between districts within Nottinghamshire, except for Bassetlaw, as mentioned previously (Figure 2.8.9). Unlike emergency admissions, there is no clear association between elective admission rates and deprivation in Nottinghamshire (Figure 2.8.10). It is difficult to interpret this finding and determine whether this suggests unmet need in some groups or over treatment in others.

Figure 2.8.9 Planned hospital admissions for children aged 0-19 from Nottinghamshire districts in 2008 & 2009 (95% confidence intervals shown)

Source: Hospital Episode Statistics 2010

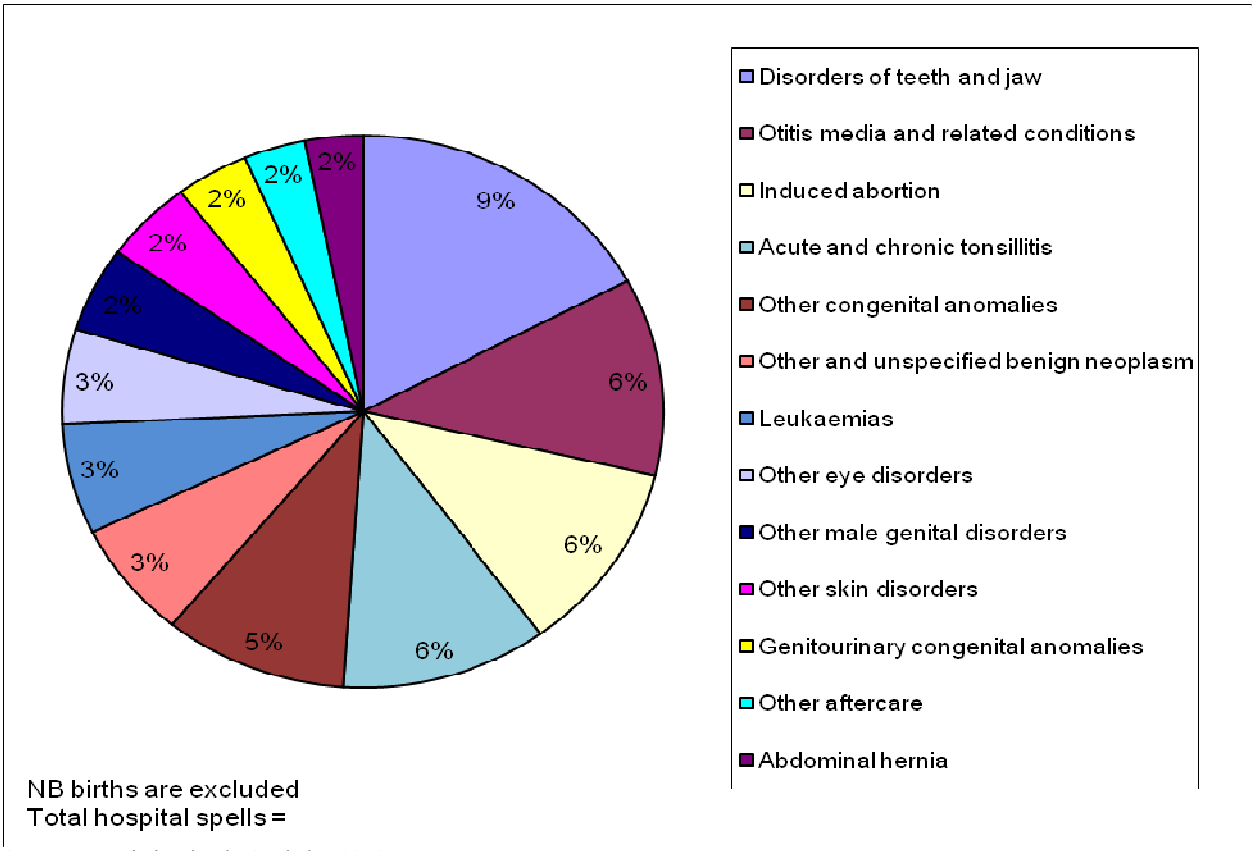
Figure 2.8.10 Planned hospital admissions for children aged 0-19 from Nottinghamshire by deprivation quintile in 2008 & 2009 (standard population is England, 95% confidence intervals shown)



Source: Hospital Episode Statistics 2010

Figure 2.8.11 illustrates the commonest primary diagnoses that accounted for 50% of elective admissions in Nottinghamshire during 2008 and 2009. It is probable that admissions for extractions of teeth and a number of ear, nose and throat (ENT) surgical procedures (grommet insertion, tonsillectomy, etc) were among the commonest reason for elective admission. Grommet surgery and tonsillectomies are among a number of procedures where a significant amount of activity is thought to be inappropriate. Evidence suggests limitations on the clinical effectiveness of both procedures and indicates that a significant proportion of children receive unnecessary surgery. High rates may be the result of inappropriate clinical practice. The need for tooth extraction may arise as a result of severe dental decay, a preventable condition.

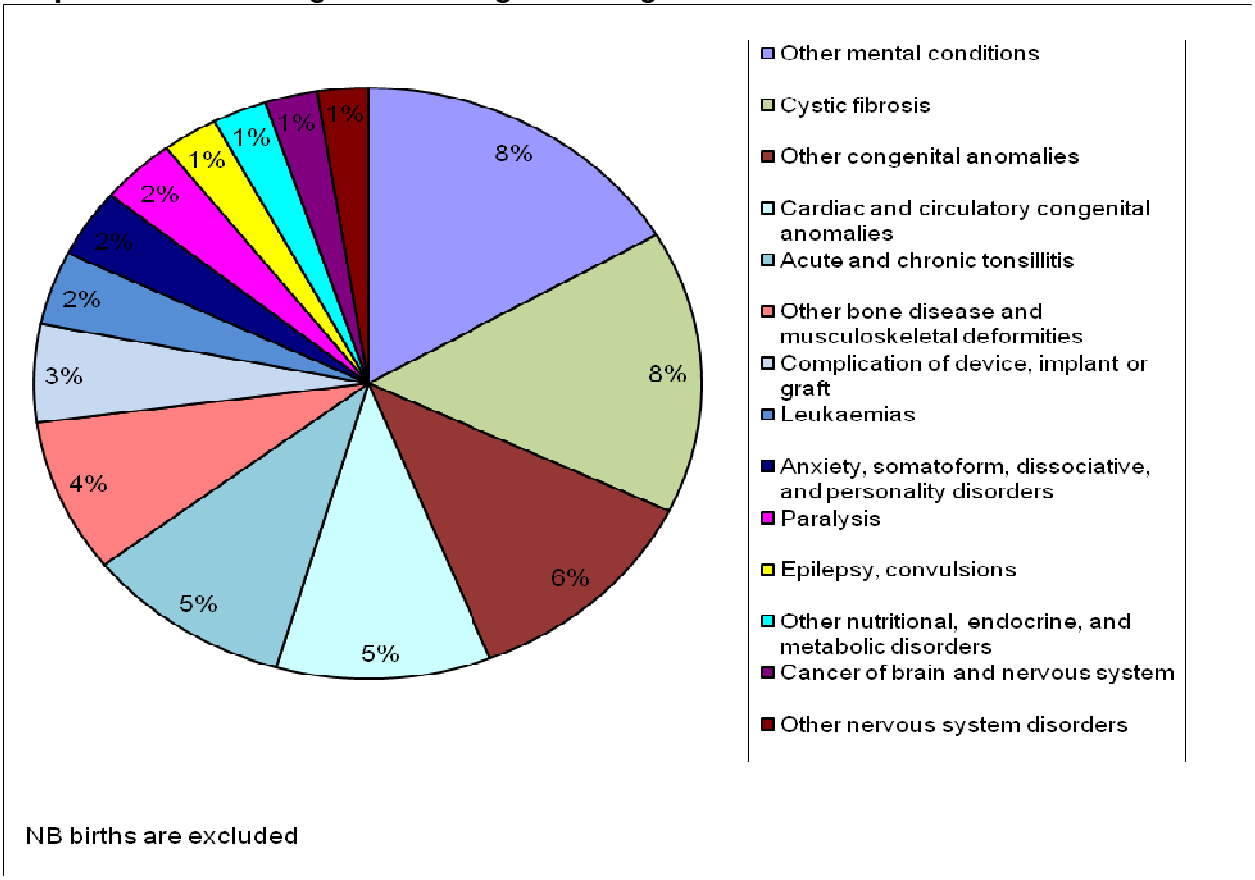
Figure 2.8.11 Primary diagnoses accounting for the top 50% of elective admissions to hospital for children aged 0-19 living in Nottinghamshire in 2008 & 2009



Source: Hospital Episode Statistics 2010
[Otitis media = ear infection]
[Due to potential confusion with colours in this diagram, the vertical order of categories in the key on the right hand side is the same as the clockwise order of the individual pie chart sections, working from the top]

Figure 2.8.12 shows the commonest primary diagnoses which accounted for 50% of elective days spent in hospital for children and young people in Nottinghamshire in 2008 and 2009. Mental health conditions, congenital anomalies and long term conditions accounted for a large proportion of elective bed days. It might be possible to provide some, if not all, care at home for a proportion of this group, but effective high quality community services would be required and these are not in place in all parts of the county.

Figure 2.8.12 Primary diagnoses accounting for the top 50% of planned days in hospital for children aged 0-19 living in Nottinghamshire in 2008 & 2009



Source: Hospital Episode Statistics 2010
[Due to potential confusion with colours in this diagram, the vertical order of categories in the key on the right hand side is the same as the clockwise order of the individual pie chart sections, working from the top]

JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE

Children and Young People

3. Lifestyles

Contents **Page**

3.1 Obesity in children (last updated September 2010)

Key Messages

1. Participation in the National Child Measurement Programme in Nottinghamshire has grown over the past three years and remains above the 85% Department of Health target.

2. In Reception year, over one in five children in Nottinghamshire are either overweight or obese. By Year 6, the rate is almost one in three, similar to the national figure.

3. In local Year 6 aged children, the prevalence of obesity is significantly higher in boys than girls (19.6% and 15.5% respectively). Nationally, 20% of boys and 16.5% of girls are obese at this age.

4. 21% of Nottinghamshire young people aged 11-18 years say they never play sport or do any physical activity. In Ashfield, this figure is 33%, the highest in the county (Tellus 4 Survey).

5. 22% of local children and young people eat five or more portions of fruit and vegetables a day, above statistical neighbours (18%) and the national average (19%) (Tellus 4 Survey).

What we eat is central to health throughout life. The rapid rise in the number of obese people worldwide is proving to be a major challenge to our health. The World Health Organisation (WHO, 1998) has described the rapid rise of obesity as a 'global epidemic'. It is the fastest growing non-communicable disease worldwide, a huge threat to public health.

Obesity and overweight are conditions in adults in which weight gain in the form of fat has reached a point of affecting health. Excess weight gain is caused by an imbalance between 'energy in' and 'energy expenditure'. In children getting the energy balance right is more complex as growth is only possible if energy in (food intake) is greater than energy expenditure (activity). If there is more than required for appropriate growth, the excess energy will become excess fat.

This rapid rise in obesity has occurred too quickly for genetic changes to be the cause[1]. Society has experienced many behavioural and environmental changes for example in work patterns, transport, food production, leisure activities and food sales. In addition, overweight and obesity are health inequality issues, with people from the lower socio-economic groups most at risk.

Unhealthy diets combined with physical inactivity have contributed to a growth of obesity. In England, almost a sixth of children under the age of 11 are obese[2]. It is predicted that by 2050, 25% of children may be obese[3]. Although differences in measurement methods make comparison with other countries difficult, the rate of

[1] Swanton, K. and Frost, M (2007) Lightening the Load: Tackling Overweight and Obesity. National Heart Forum. www.dh.gov.uk/publications)
[2] The Information Centre 2009
[3] Foresight, (2007) Tackling Obesities: Future Choices Project Report. London. Government Office for Science

obesity in England is as least as high, if not higher, than other European Union countries. While there is some suggestion that obesity may be starting to level off among children in England[4], prevalence remains very high.

Prevalence of childhood obesity

Established in 2005, the National Child Measurement Programme (NCMP) weighs and measures children in Reception (aged 4-5) and Year 6 (aged 10-11). The findings are used to inform local planning and delivery of services for children and to gather population-level surveillance data to allow analysis of trends in weight. The programme also seeks to engage with parents about the importance of healthy weight in children. Participation in the programme has grown over the past three years and remains above the 85% Department of Health (2008) Healthy Weight, Healthy Lives target.

Table 3.1.1 Participation in the National Child Measurement Programme in Nottinghamshire

Year	Participation of eligible pupils in Reception and Year 6 (%)
2006/7	82
2007/8	88
2008/9	87

Source: National Child Measurement Programme result 2008/09

Past analysis has shown that PCTs with lower participation rates tended to have higher levels of prevalence than those with a higher participation rate. Nationally it is estimated that obesity is underestimated by 0.7% in Year 6.

Table 3.1.2 Prevalence of obese and overweight children by year and sex, Nottinghamshire and national average, 2008/09

		Obese (%)	*Overweight and obese (%)*	*Underweight (%)*	*Number children measured*
Reception (age 4-5 years)	Boys	9.6	23.5	0.8	3714
	Girls	8.6	20.7	0.5	3425
	Both	9.1	22.1	0.7	7139
Reception national average	Boys	10.2	24	1.2	259008
	Girls	8.9	21.5	0.8	247161
	Both	9.6	22.8	1	506169
Year 6 (age 10-11)	Boys	19.6	33.9	1	3826
	Girls	15.5	30	1.5	3511
	Both	17.6	32	1.2	7337
Year 6 national average	Boys	20	34.5	1.1	256338
	Girls	16.5	30.7	1.6	241342
	Both	18.3	32.6	1.3	497680

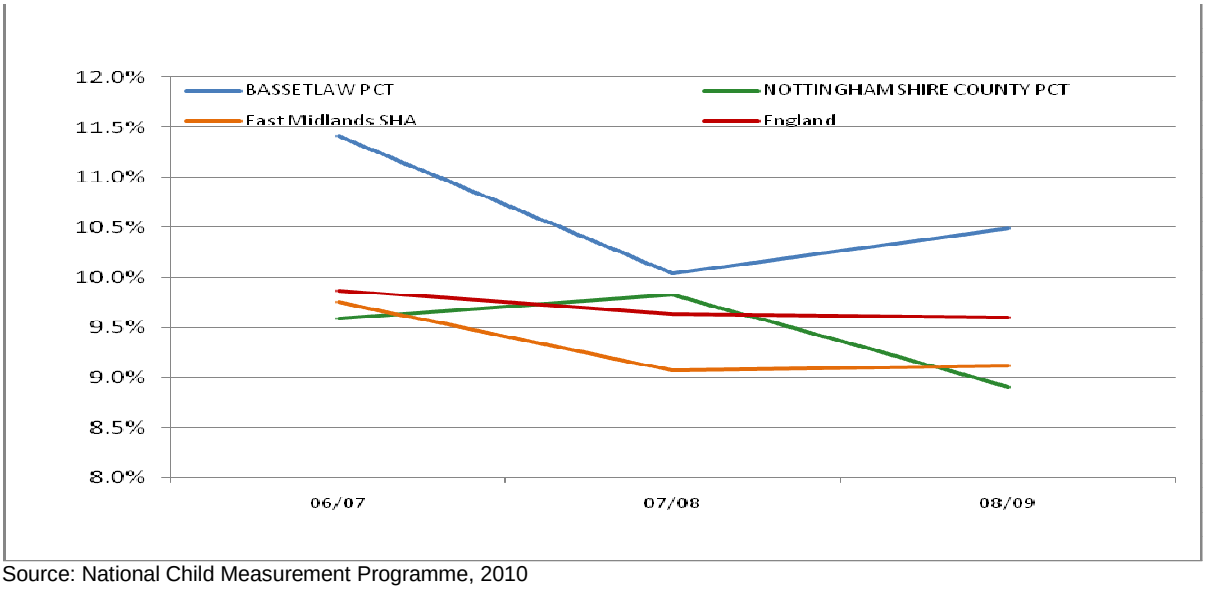
Source: National Child Measurement Programme result 2008/09

[4] MacPherson, K. Brown M. Marsh T. et al, (2009) Obesity: Recent Trends in Children aged 2-11 years and 12-19 years. Analysis from the Health Survey for England 1993-2007. London. National Heart Forum

The latest data available for Nottinghamshire from the National Child Measurement Programme (2008/9) indicates that:

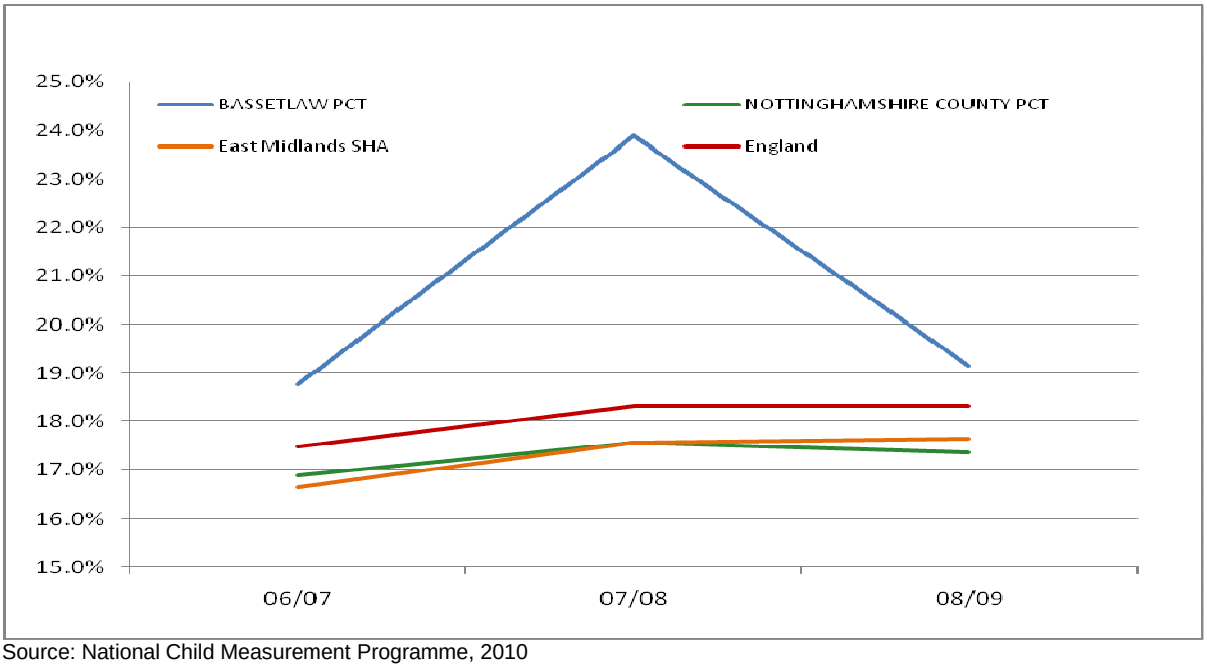
- In Reception, over one in five children are either overweight or obese. In Year 6, this rate is around one in three
- The prevalence of obesity is significantly higher in boys than girls in Year 6 children
- The prevalence of obesity is significantly higher in Year 6 than in Reception
- The percentage of children who are overweight is similar for Reception and Year 6
- The percentage of children who are overweight is similar for boys in both Year 6 and Reception year, but significantly higher for girls in Year 6 than Reception year
- Obesity prevalence is similar in Nottinghamshire to the national average for Reception Year and Year 6 for boys and girls.

Figure 3.1.3 Prevalence of obesity in Reception Year: Nottinghamshire, 2006/7, 2007/8 and 2008/09



Source: National Child Measurement Programme, 2010

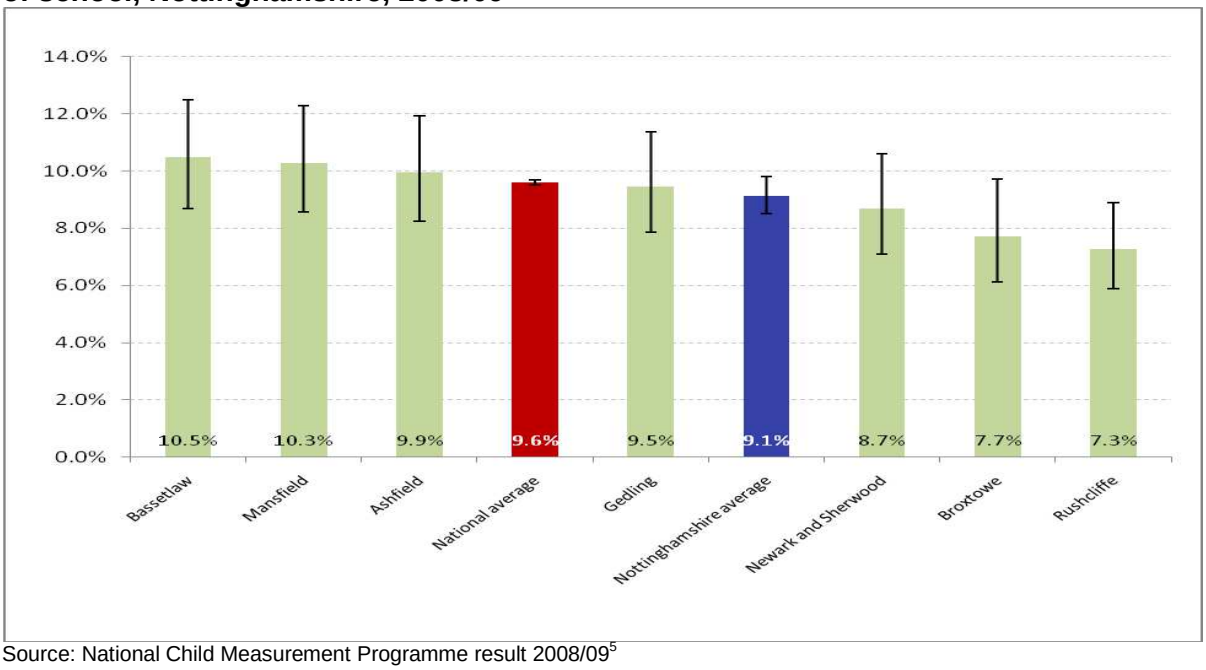
Figure 3.1.4 Prevalence of obesity in Year 6: Nottinghamshire, 2006/7, 2007/8 and 2008/09



Source: National Child Measurement Programme, 2010
[N.B. Apparent changes in prevalence of obesity over time shown in Figures 2.6.3 and 2.6.4 are not statistically significant. In addition, because the number of children in Bassetlaw is relatively low, there is more natural variation year to year.]

When the data is examined at a borough/district level (Figures 3.1.5 & 3.1.6), all local authorities have similar obesity prevalence to the Nottinghamshire average of 9.1% for Reception and 17.6% for Year 6.

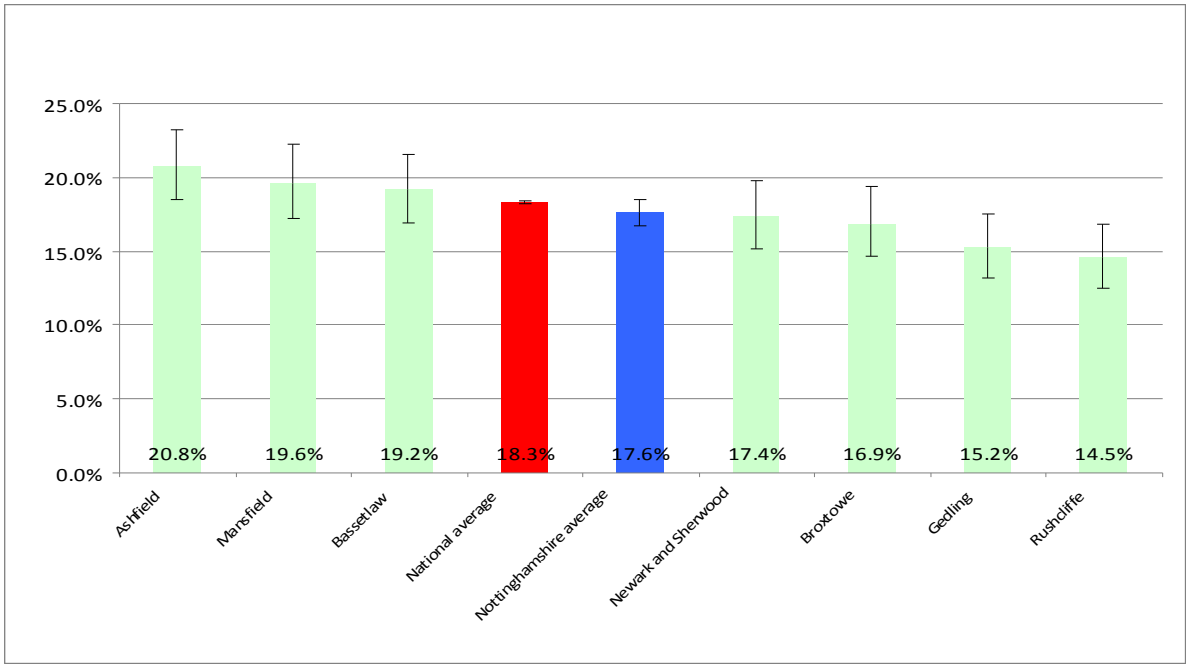
Figure 3.1.5 NI 55 Prevalence of obese children in Reception by local authority of school, Nottinghamshire, 2008/09



Source: National Child Measurement Programme result 2008/09[5]

[5] Error bars shown are 95% confidence intervals, calculated using the Wilson score method. Indicators which have confidence intervals that do not overlap (for different areas or different time periods) can be described as significantly different.

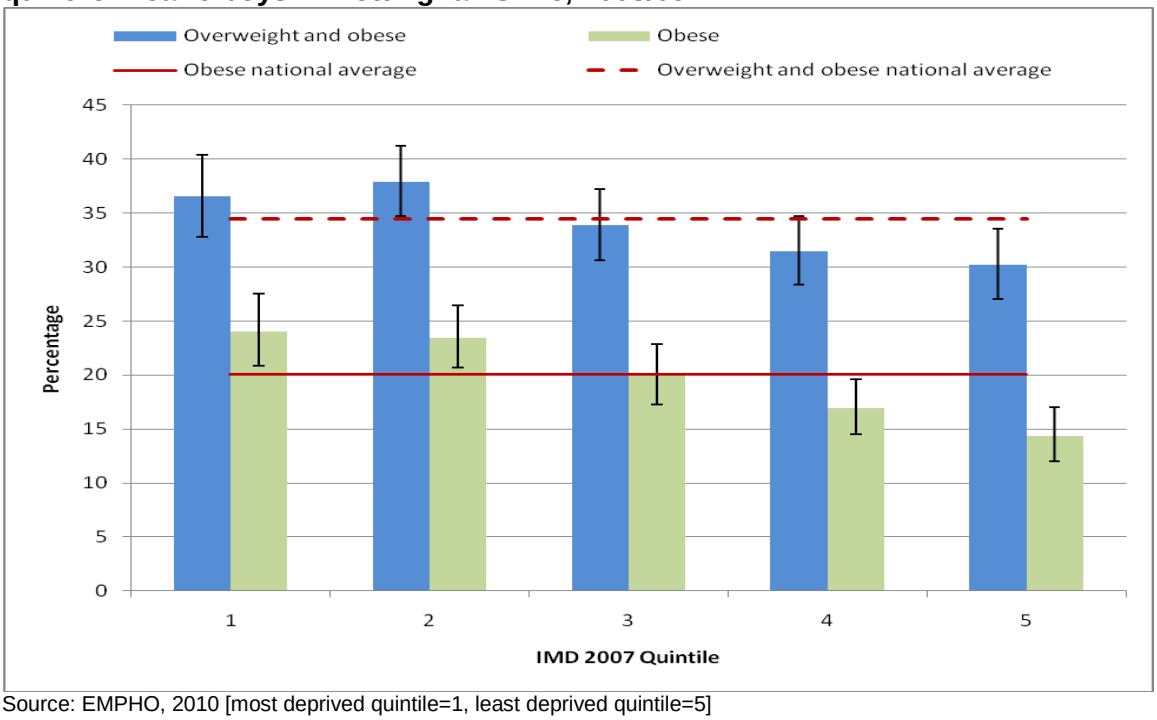
Figure 3.1.6 NI 56 Prevalence of obese children in Year 6 by local authority of school, Nottinghamshire, 2008/09



Source: National Child Measurement Programme result 2008/09

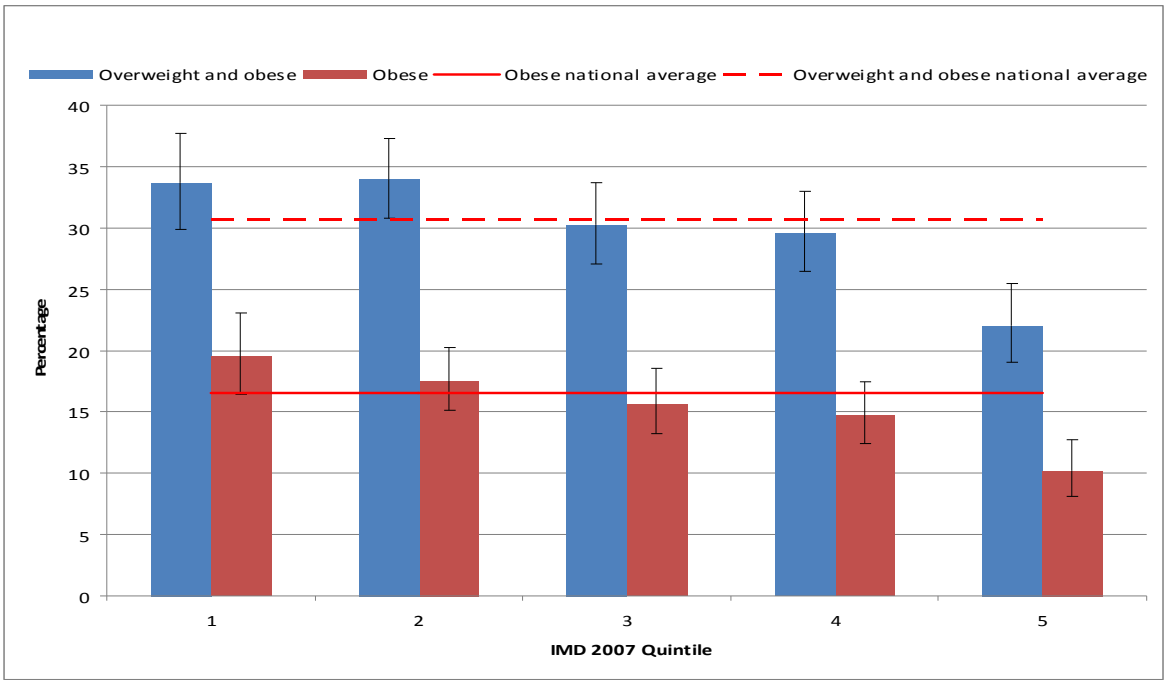
Analysis of data by deprivation quintile shows that the prevalence of obesity increases with deprivation. There is a positive relationship between obese and overweight children and deprivation in Nottinghamshire for both sexes, especially in Year 6. This is illustrated for Year 6 boys in Figure 3.1.7 and for Year 6 girls in Figure 3.1.8.

Figure 3.1.7 Prevalence of obesity and overweight children by deprivation quintile: Year 6 boys in Nottinghamshire, 2008/09



Source: EMPHO, 2010 [most deprived quintile=1, least deprived quintile=5]

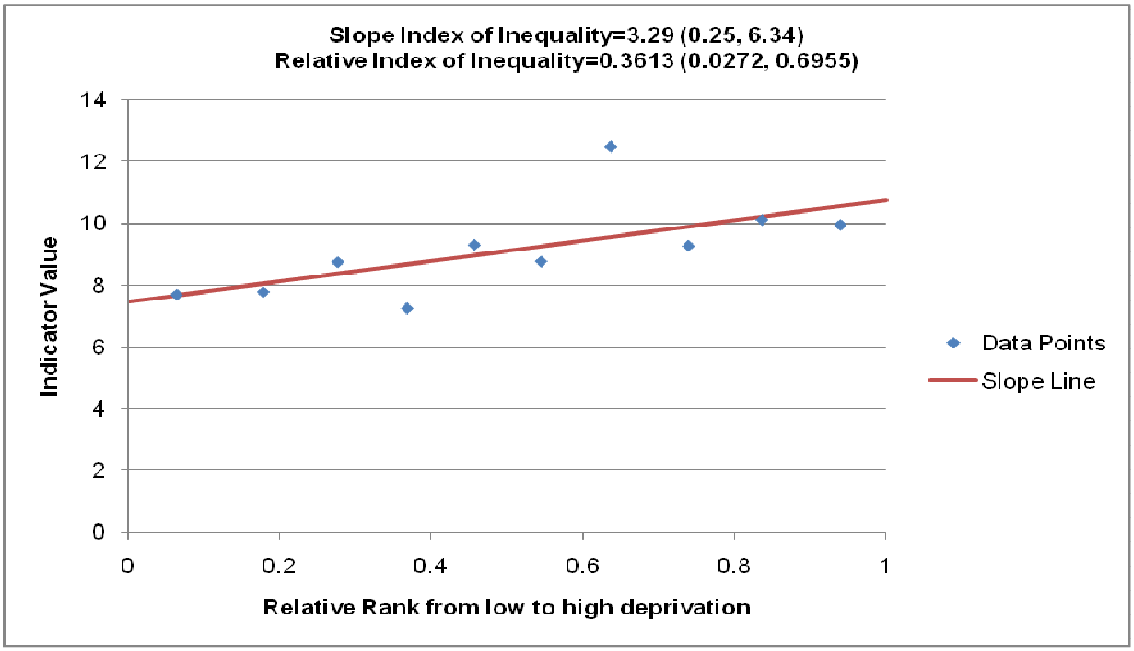
Figure 3.1.8 Prevalence of obesity and overweight children by deprivation quintile: Year 6 girls in Nottinghamshire, 2008/09



Source: EMPHO, 2010 [most deprived quintile=1, least deprived quintile=5]

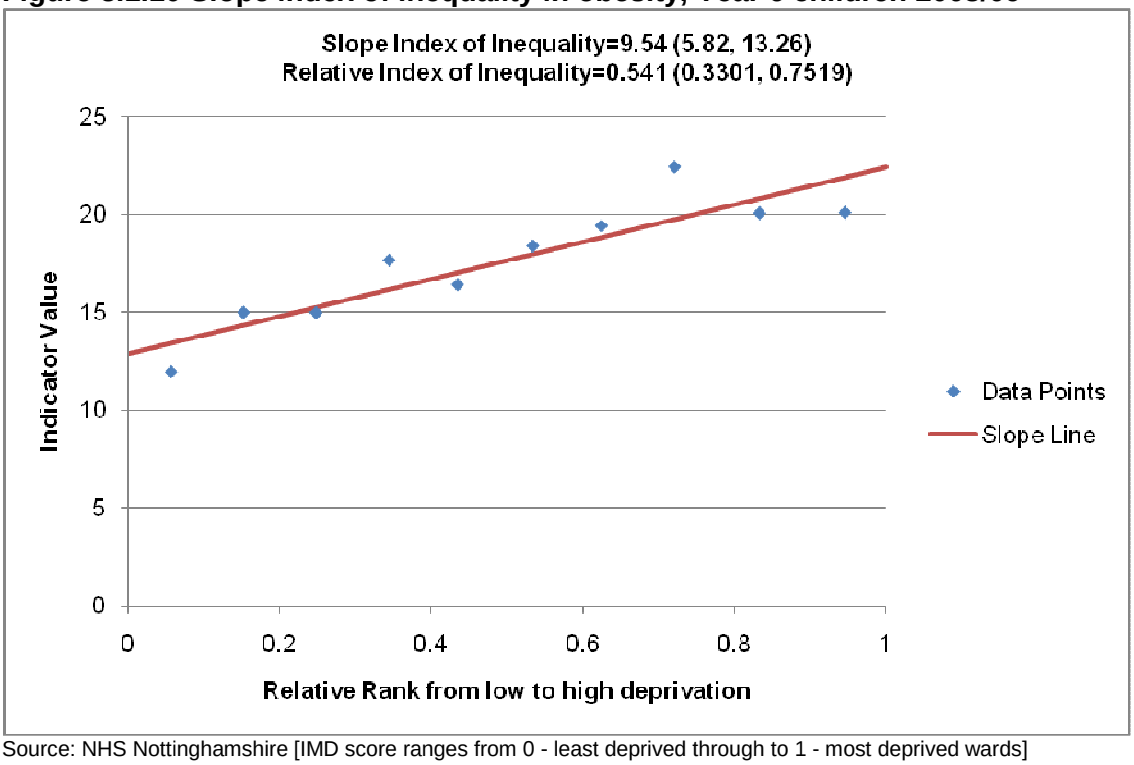
In order to quantify the gap in prevalence of obesity between the best-off and worst-off within Nottinghamshire, the Slope Index of Inequality (SII) can be calculated. This gives a single score based on the relationship between prevalence of obesity (taken from NCMP data) and deprivation scores across the whole PCT. The gradient of the SII 'slope' shows the degree of inequality, with greater inequality shown by a steeper gradient. Figures 3.1.9 and 3.1.10 show the prevalence of obesity, taken from the NCMP data, in relation to deprivation for Reception and Year 6 children respectively for 2008/09. There has been a small non-statistically significant change in the gradient for both groups since 2007/08.

Figure 3.1.9 Slope index of inequality in obesity, Reception children 2008/09



Source: NHS Nottinghamshire [IMD score ranges from 0 - least deprived through to 1 - most deprived wards]

Figure 3.1.10 Slope index of inequality in obesity, Year 6 children 2008/09



Source: NHS Nottinghamshire [IMD score ranges from 0 - least deprived through to 1 - most deprived wards]

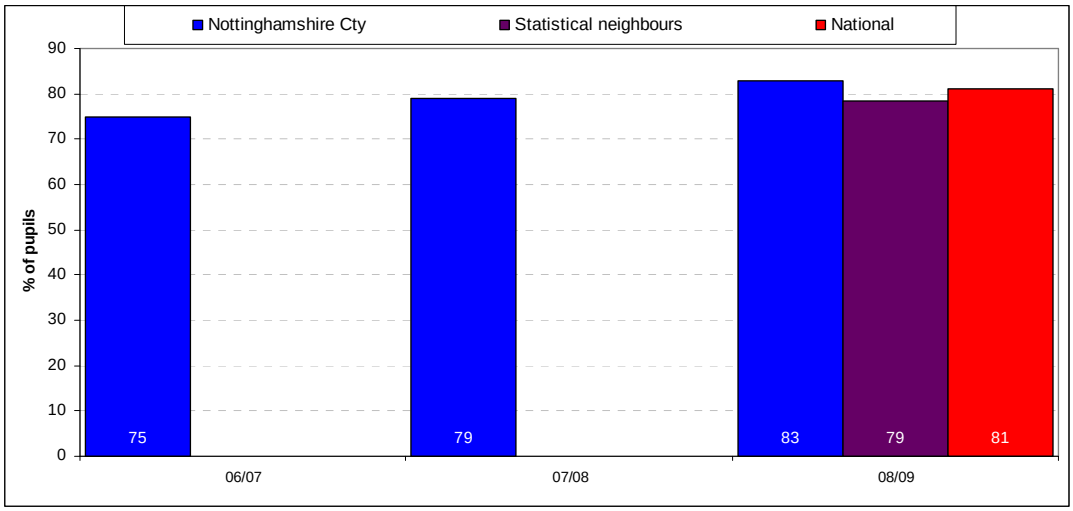
As can be seen, by Year 6 the gap in prevalence of obesity between the best-off and worst-off within Nottinghamshire is more marked than in Reception (SII of 9.54 vs. 3.39), suggesting an increase in inequality. However, this difference is not statistically significant since confidence intervals overlap.

When interpreting these results it should be noted that they may be affected by participation rates and differences in population profiles, such as the number of males and females. The Relative Index of Inequality (RII) is also shown on the charts - this figure is calculated by dividing the SII by the average NCMP obesity prevalence for the area.

Participation in physical exercise and school sport

The DCSF *Physical Exercise and Sport Survey* gives an indication of young people's participation in physical exercise (PE) and school sport in Nottinghamshire. National Indicator (NI) 57 measures the percentage of 5-16 year olds undertaking at least two hours high quality PE and sport at school during curriculum time. This is a baseline objective, as the aim is for children and young people to be offered five hours a week of high-quality PE and sport. Figure 3.1.11 shows that pupils in Nottinghamshire have relatively high participation rates when compared to statistical peers and the national average. Indeed, the proportion of pupils participating in PE and sport has increased over the past three years.

Figure 3.1.11 NI 57 Percentage of 5-16 year olds in Nottinghamshire County undertaking at least two hours high quality PE and sport at school during curriculum time



Source: DCSF "Physical Exercise and Sport Survey"

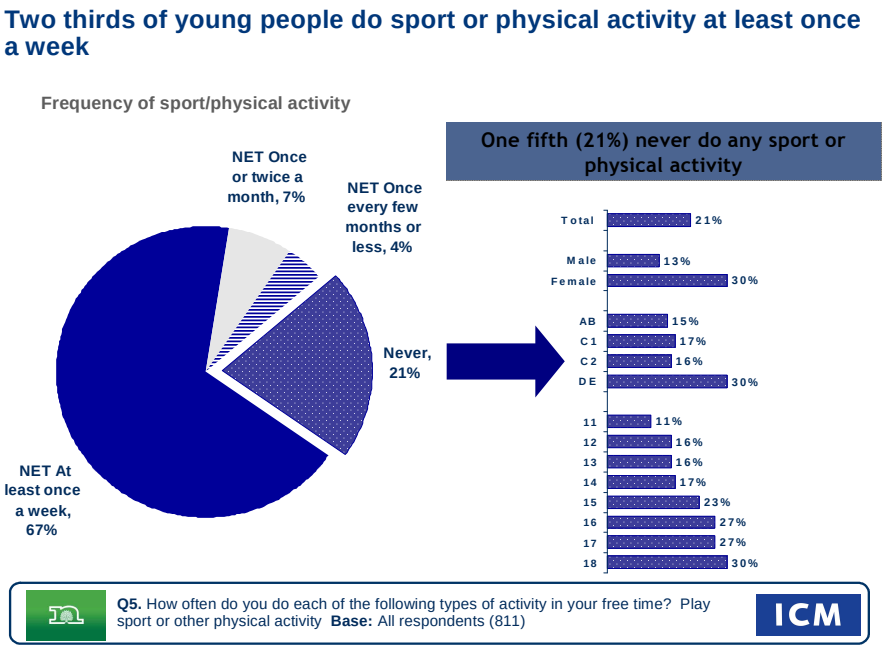
Results from the ICM survey[6] of 811 young people aged 11-18 in Nottinghamshire indicate that two thirds (67%) of young people in Nottinghamshire take part in sport or physical activity at least once a week (Figure 3.1.12). A further 7% do so once or twice a month, while for 4%, it is every few months or less. A fifth (21%) say they never play sport or do physical activity, which equates to over 30,000 young people in Nottinghamshire.[7]

There is a clear difference between boys and girls. As many as 30% of girls never do sport, while the equivalent figure for boys is much lower at 13%. Social class also

[6] The ICM Government & Social Research Unit survey was undertaken on behalf of the Nottinghamshire Children's Trust in March 2010. The full report can be accessed at:
http://www.nottinghamshire.gov.uk/consultation/notts_cc_young_people_s_survey_final.pdf
[7] Based on 2008 mid-year population estimates from the Office of National Statistics (ONS)

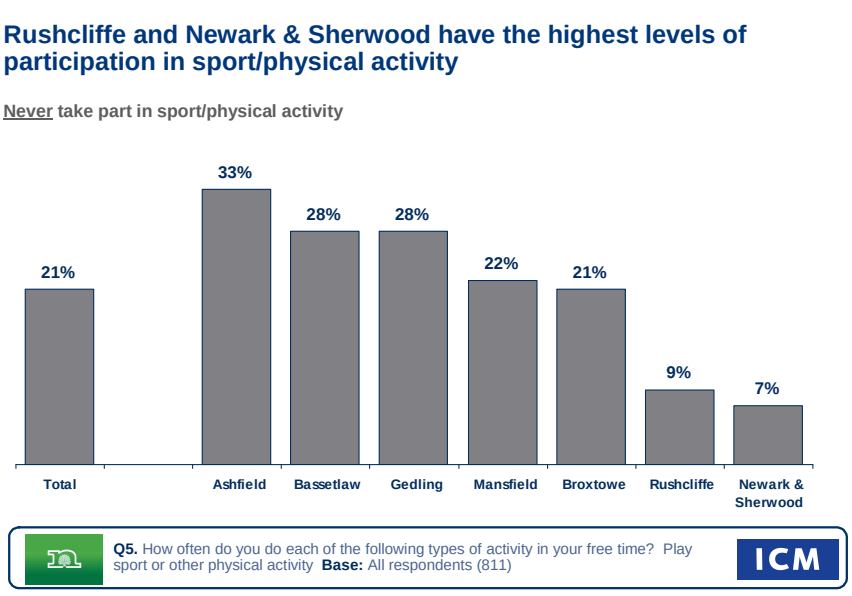
has a bearing: twice as many children and young people classified as from social group D and E as from groups A and B[8] never do sport (30% compared to 15%). Propensity to do sport also declines with age, with the proportion who never take part rising from 11% of 11 year olds to 30% of 18 year olds.

Figure 3.1.12 Young people's participation in sport or physical activity



Source: ICM Government & Social Research Unit, 2010

Figure 3.1.13 Participation in sport and physical activity by district

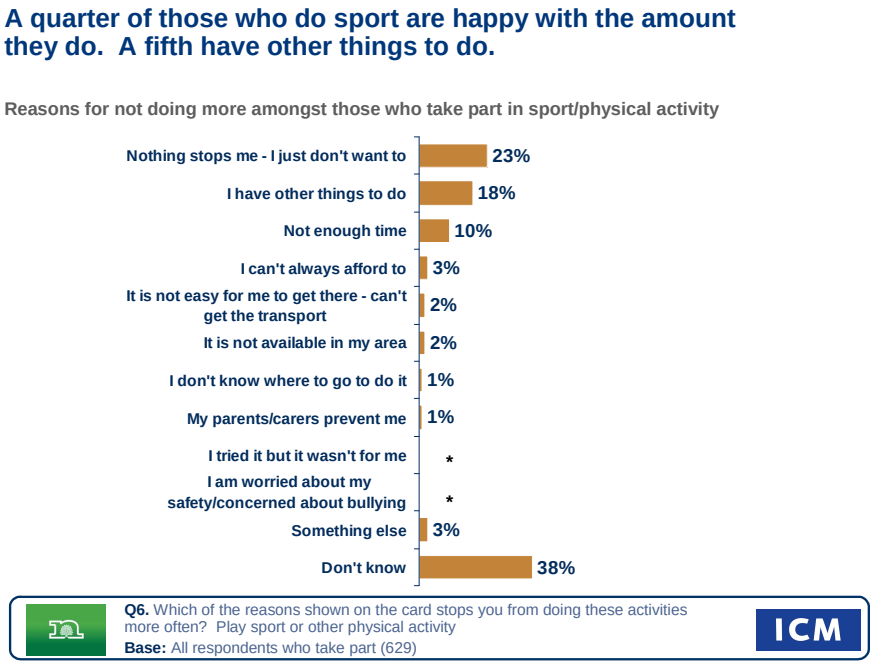


Source: ICM Government & Social Research Unit, 2010

[8] Most market research projects classify the population into social grades – see Appendix E for details

Participation in sport/physical activity is highest in Rushcliffe and Newark & Sherwood and lowest in Ashfield (Figure 3.1.13). Reported reasons for not doing more sport and physical activity are detailed in Figure 3.1.14.

Figure 3.1.14 Reasons for not doing more sport and physical activity

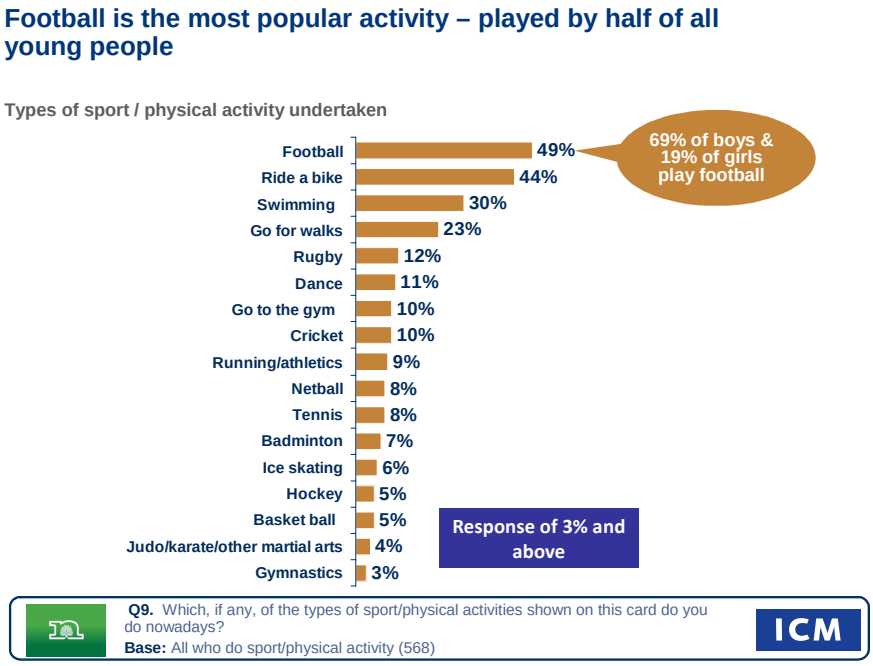


Source: ICM Government & Social Research Unit, 2010

Young people in Nottinghamshire take part in a wide variety of physical activity (Figure 2.6.15). The most popular pursuits are football (49%), cycling (44%), swimming (30%) and going for walks (23%). 12% play rugby, 11% dance, 10% go to the gym and 10% play cricket.

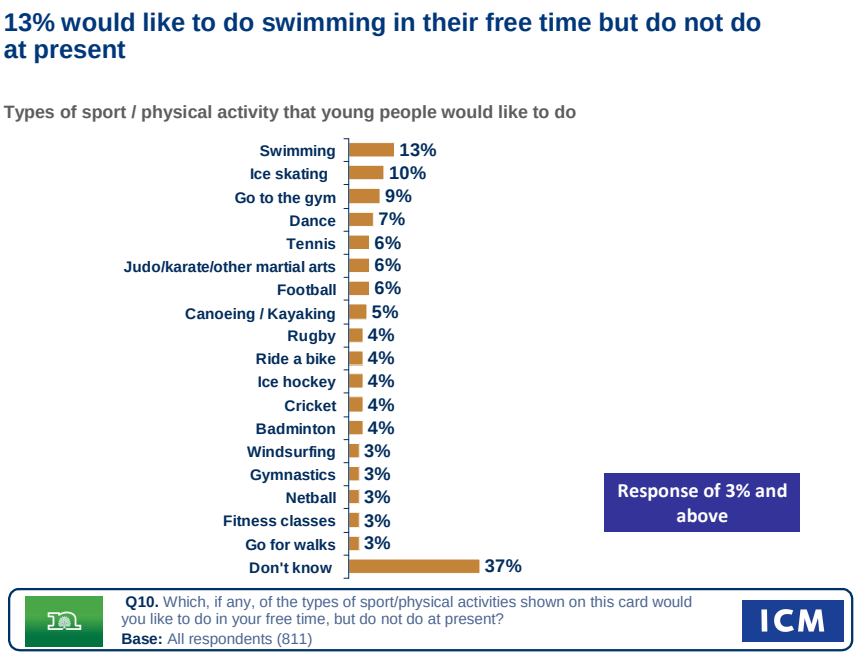
There are differences between boys and girls. Girls' most popular sports are swimming (42%), cycling (31%), going for walks (28%) and dancing (24%). For boys, 69% play football, 52% cycle and swimming is the third most popular choice, reported by 22%. There are a range of activities that young people would like to do but do not currently do (Figure 3.1.16).

Figure 3.1.15 Types of sport and physical activity undertaken



Source: ICM Government & Social Research Unit, 2010

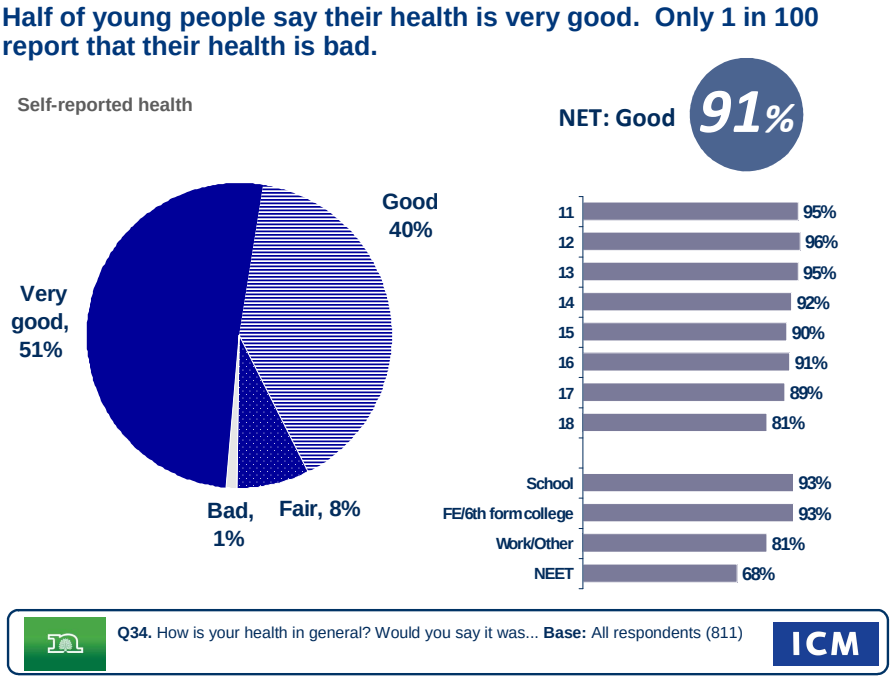
Figure 3.1.16 Type of sport and physical activity young people would like to do but do not currently



Source: ICM Government & Social Research Unit, 2010

The vast majority of young people in Nottinghamshire consider themselves to be healthy. Half (51%) say their health is very good and a further two fifths (41%) that their health is good (Figure 2.6.17). Only 1% say their health is bad and no one says "very bad".

Figure 3.1.17 Young people's perceptions of their own health



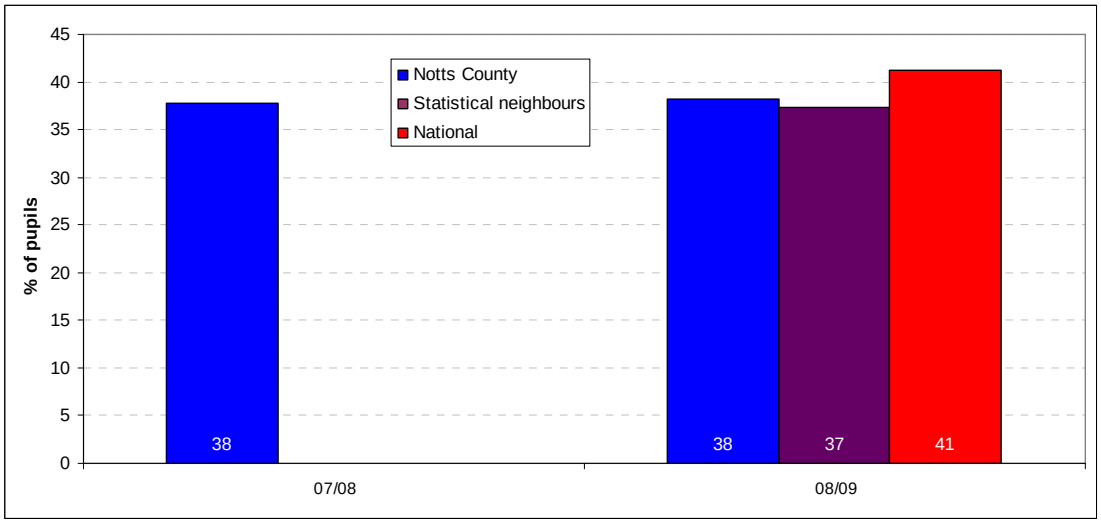
Source: ICM Government & Social Research Unit, 2010

Eighteen year olds are less likely than their younger counterparts to be positive about the state of their health, with 81% saying their health is good, compared to 95% of 11 year olds. It is also the case that those who are not in education, employment or training (NEETs) are much less likely than school and further education/sixth form college pupils to feel positive about their health. The proportion of this group saying their health is good is 68%.

Consumption of Fruit and Vegetables

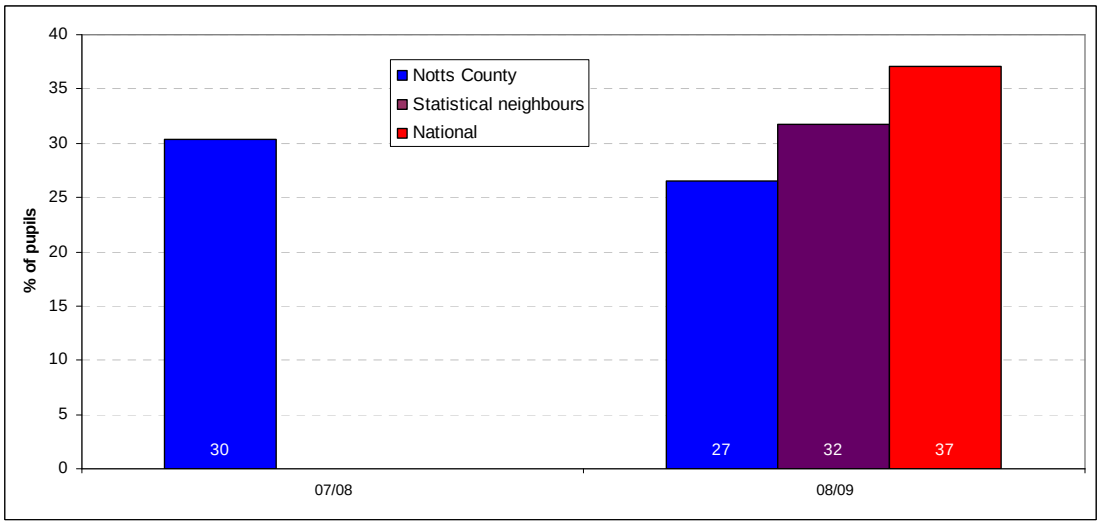
It is recommended that all individuals over the age of five years eat a healthy balanced diet, which is rich in fruit, vegetables and starchy foods. All school lunches are now required to meet rigorous nutritional standards that ensure that all the food provided by schools and local authorities is healthy and of good quality. Measuring school lunch take-up by full-time pupils helps assess healthy eating among children and young people. Figures 3.1.18 and 3.1.19 below show that uptake of school meals in Nottinghamshire is lower than the national average for both primary and secondary pupils. Uptake in secondary pupils in particular fell between 2007/08 and 2008/09 and was lower than statistical neighbours.

Figure 3.1.18 NI 52a Take up of school lunches in Nottinghamshire County: percentage of full-time primary school pupils having a school lunch[9]



Source: School Food Trust Survey, 2009

Figure 3.1.19 NI 52b Take up of school lunches in Nottinghamshire County: percentage of full-time secondary school pupils having a school lunch[10]



Source: School Food Trust Survey, 2009

The Healthy Survey for England (2006) suggests that national current levels of fruit and vegetable consumption are as shown in Table 3.1.20 and are lowest for children at 3.3 portions per day.

Table 3.1.20 Fruit and vegetable consumption in England (2006)

Adults	3.8 portions per day
Men	3.6 portions per day
Women	3.9 portions per day
Children (5-15)	3.3 portions per day

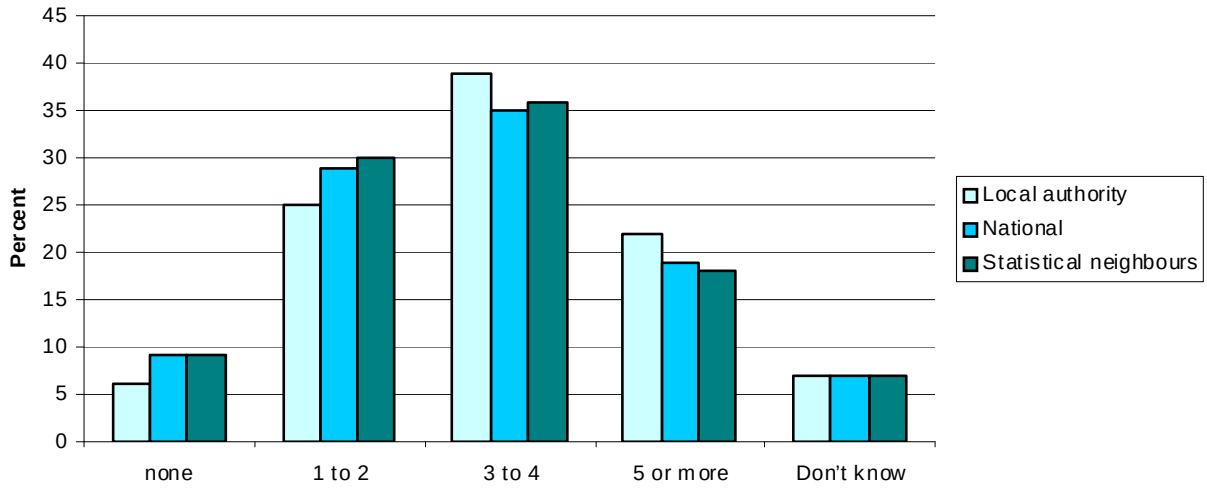
Source: The Healthy Survey for England (2006)

[9] 2009/10 data for NI 52a released shortly before publication of this document shows a Nottinghamshire increase to 40.3%

[10] 2009/10 data for NI 52b released shortly before publication of this document shows a Nottinghamshire increase to 28.6%

Results from the Tellus4 Survey[11] demonstrate that 39% of young people who responded locally (aged 10-15 years), recorded that they ate between 3-4 portions.

Figure 3.1.21 Percentage of respondents to the question "How many fruit and vegetables did you eat yesterday?"



Source: Tellus4 Survey, Nottinghamshire County Council, 2010

Change 4 Life

Change 4 Life is the social marketing part of 'Healthy Weight, Healthy Lives'. Launched in 2009, Change 4 Life focused on those families with children aged 5-11 who were at the greatest risk of becoming overweight or obese.

Table 3.1.22 Total number of Change 4 Life registrations across Nottinghamshire, 2009

Area	Quantity	Rate per 1,000 population
Rushcliffe	394	3
Gedling	542	6
Newark & Sherwood	499	4
Mansfield	658	7
Broxtowe	399	3
Ashfield	619	7
Bassetlaw	708	6
Total	3819	-

Source: Department of Health, provided by DATA LATERAL Ltd, 2010

[11] **Caution should be exercised when using Tellus 4 data. Although the Department for Children, School and Families regard the data as statistically valid, it should be noted that only 21 schools in Nottinghamshire responded (488 primary pupils and 972 secondary pupils) to the survey.** Nottinghamshire's full Tellus 4 results can be accessed at http://www.Tellussurvey.org.uk/Reports/Reports.aspx

Change 4 Life's aim has been to inspire a societal movement through which partners across all sectors can all play a part in improving children's diets and activity levels. Change 4 Life has been promoting eight behaviours to help children achieve and maintain a healthy weight. Nationally, early indications suggest that one million families have made changes to their children's diet or activity levels as a result of Change 4 Life, and analysis of data sales by commercial partners suggests that there has been a positive impact on the types of food that families are purchasing. Across Nottinghamshire, Change 4 Life is shown to have reached a number of families, measured by registrations as shown in Table 3.1.22.

3.2 Tobacco Control[12] (last updated September 2013)

Key Messages

1. Smoking has a life course impact on the individual; from mothers smoking whilst pregnant, to exposure of second-hand smoke during childhood; to experimentation and initiation of smoking during adolescence; to becoming an established smoker in adulthood.

2. The cost of smoking to the individual and to society is great in terms of health, wellbeing and finance.

3. Currently in Nottinghamshire, smoking prevalence data for 15 year olds is based on estimates suggesting that 1,000 15 year olds in the county smoke regularly (based on a national prevalence rate of 11%).

4. In Nottinghamshire it is estimated over 30,000 children up to the age of 15 live in a household that is not smoke-free. Second-hand smoke exposure can not only cause health problems for children, but smoking in the home also increases the likelihood of the child taking up smoking in later life.

5. Research evidence shows that smoking in pregnancy is associated with low birth weight and higher infant mortality rates. In Nottinghamshire, smoking status at time of delivery rates are significantly higher than the England and regional average.

6. In Nottinghamshire, access to services and success rates are lower amongst under-18 year olds and in pregnant smokers, in particular those referred into stop smoking services.

1.0 What do we know?

1.1 Facts and figures

Smoking is the main cause of inequalities in life expectancy and quality of life. Currently in England, 20% of the adult population smoke (General Lifestyle Survey, 2010[13]). Nationally, smoking accounts for around 79,100 preventable deaths every year (18% of all deaths of adults aged 35 and over). The main causes of death are cardiovascular disease, cancers and respiratory disease (Health and Social Care Information Centre, 2012[14]).

[12] **Supporting documents:**
- The Health and Wellbeing Strategy (2012-13) http://www.nottinghamshire.gov.uk/caring/yourhealth/developing-health-services/health-and-wellbeing-board/strategy/
- Nottinghamshire Health and Wellbeing Board paper (2012) http://www.nottinghamshire.gov.uk/dms/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/102/Committee/22/SelectedTab/Documents/Default.aspx
- The Smoking Cessation Service Health Equity Audit (2009) https://smokefreenotts.co.uk/wp-content/uploads/2013/05/HEA-2009.pdf

[13] Office for National Statistics. (2012). *General Lifestyle Survey, 2010.* http://www.ons.gov.uk/ons/rel/ghs/general-lifestyle-survey/2010/index.html

[14] Health and Social Care Information Centre (HSCIC).(2012). *Statistic on Smoking, England: 2012.* https://catalogue.ic.nhs.uk/publications/public-health/smoking/smok-eng-2012/smok-eng-2012-rep.pdf

In addition to the burden of disease, smoking also places a large financial burden on the UK economy:

- The overall economic impact of smoking is estimated at £13.74 billion a year (including factors such as lost productivity through sickness absence, smoking breaks and littering) (Healthy Lives, Healthy People, 2011[15]).
- In 2005/06, smoking was estimated to cost the NHS in the UK £5.2 billion, approximately 5.5% of total healthcare costs (Allender et al, 2009[16]).
- At least £9.7 million each year is spent on primary care visits and asthma treatment for children exposed to second-hand smoke (Royal College of Physicians, 2010[17]).

The 2011 Tobacco Control Plan for England, 'Healthy Lives, Healthy People', outlines intentions for reducing smoking prevalence nationally. It highlights three national ambitions, two of which relate directly to children and are outlined in the 'Targets and Performance' section of this section.

The Tobacco Control Plan calls for local areas to identify local priorities and implement evidence-based best practice in order to contribute to the national ambitions. These ambitions are also highlighted as indicators within the Public Health Outcomes Framework 2013-2016[18].

Childhood and adolescent smoking

It is important to recognise that it is children who start smoking, not adults. Almost two thirds (65%) of current and ex-smokers had smoked regularly before they were aged 18 (General Lifestyle Survey, 2010). According to the 2011 Smoking, Drinking and Drug Use (SDD) Survey, 11% of children aged 15 in England are regular smokers (smoke at least one cigarette a week). And whilst regular smoking in 11-15 year olds has more than halved since its peak in the mid 1990's, in 2011 it was estimated that 140,000 11-15 year olds reported regular smoking and it is also estimated that 330,000 young people under the age of 16 try smoking for the first time (Health and Social Care Information Centre, 2012[19]).

Second-hand smoke

In addition to the national ambitions, the Tobacco Control Plan also sets out six key actions. A central component of this strategy is to 'Reduce exposure to second-hand smoke'. Currently, about two million children in the UK live in households where they are exposed to tobacco smoke (Royal College of Physicians, 2010.). The World Health Organisation (WHO) has identified the need to reduce parental smoking as a key action 'to encourage health and development in early childhood, particularly amongst those living in difficult social and economic circumstances' (WHO, 1999[20]).

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[15] HM Government. (2011). *Healthy Lives Healthy People: A Tobacco Control Plan for England.* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917

[16] Allender, S., Balakrishnan, R., Scarborough, P., Webster, P. and Rayner, M. (2009). *The burden of smoking-related ill health in the United Kingdom*. Tobacco Control, 18: 252-255.

[17] Royal College of Physicians. (2010). Passive smoking and children. A report by the Tobacco Advisory Group. London.

[18] Department of Health. (2012). *Improving outcomes and supporting transparency. Part 1: A public health outcomes framework for England, 2013-2016.* http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_132559.pdf

[19] The Health and Social Care Information Centre (HSCIC). (2012). *Smoking, drinking and drug use among young people in England in 2011*. https://catalogue.ic.nhs.uk/publications/public-health/surveys/smok-drin-drug-youn-peop-eng-2011/smok-drin-drug-youn-peop-eng-2011-rep2.pdf

[20] World Health Organization (WHO). (1999). *International Consultation on Environmental Tobacco Smoke (ETS) and Child Health*. http://www.who.int/tobacco/research/en/ets_report.pdf

Children are particularly vulnerable to the health risks associated with second-hand smoke due to their smaller airways, faster breathing rates and immature immune systems (Royal College of Physicians, 2010). Each year nearly 10,000 children are treated in hospital for exposure to second-hand smoke (Royal College of Physicians, 2010). Babies and children exposed to second-hand smoke are twice as likely to have asthma and chest infections (Royal College of Physicians, 2010). These and many other second-hand smoke-related conditions also affect children in adulthood.

The most important factors governing children's exposure to smoke are whether their parents or carers smoke, and whether smoking is allowed in the home. When compared to children in non-smoking families, passive smoke exposure is around three times higher if the father smokes, over six times higher if the mother smokes, and nearly nine times higher if both parents smoke (Royal College of Physicians, 2010). Smoking by other carers is also a significant source of passive smoke exposure.

An important point to note is that children who grow up in households where those around them smoke are three times more likely to become an adult smoker. Exposure to household smoking generates about 20,000 new smokers by the age of 16 each year (Leonardi-Bee, 2011[21]).

Smoking in pregnancy

Smoking in pregnancy is a key cause of ill health for both mother and baby. Babies born to women who smoke are 27% more likely to be born prematurely and have an 82% increase in risk of being of low birth weight (less than 2500g) compared to babies born to non-smoking mothers (Royal College of Physicians, 2010). Babies born to mothers who smoke are up to three times as likely to die from sudden unexpected deaths in infancy (SUDI) and smoking in pregnancy increases infant mortality by about 40% (Royal College of Physicians, 2010).

Nationally, smoking prevalence is measured by Smoking Status at Time of Delivery (SATOD) rates, recorded at the time of giving birth. In England, SATOD rates have steadily been declining from 19% in 2000 to 13.2% in 2011/12 (Health and Social Care Information Centre, reports from 2007 and 2012[22]). However, SATOD rates vary locally and amongst certain groups. Women who smoke in pregnancy are more likely to be under 20 years old (57%) and from the routine and manual occupational group (40%) (Infant Feeding Survey, 2010[23]). The Department of Health's Tobacco Control Plan for England includes a national target to reduce smoking during pregnancy (measured by SATOD) to 11% or less by the end of 2015.

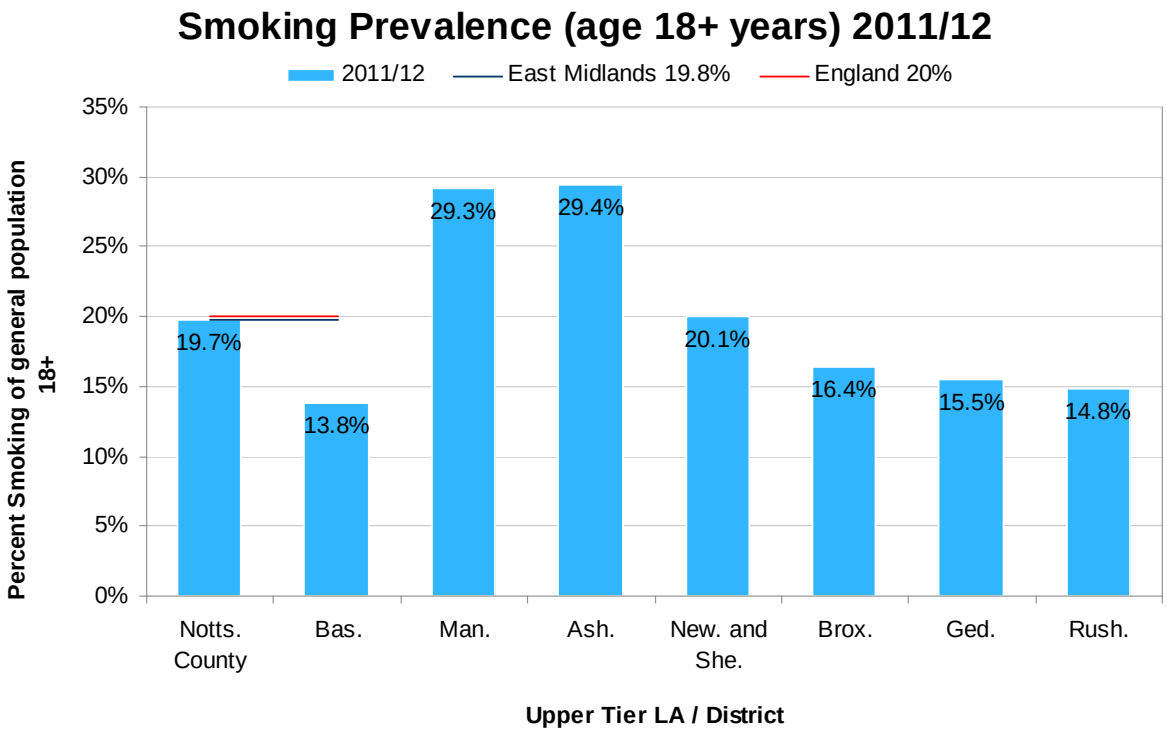
Local facts and figures

As well as nationally, smoking is also responsible for differences in life expectancy at a local level. Across Nottinghamshire, the difference in life expectancy is approximately 9.0 years for men and 7.6 years for women, and half of this difference is due to smoking (English Public Health Observatories, 2012[24]). Smoking prevalence in Nottinghamshire is 19.7%. This is slightly lower than the England and East Midlands average; however this figure masks local variation as exemplified in

[21] Leonardi-Bee, J. (2011). *Effect of family smoking on smoking uptake* (UK).Thorax 66:847-55
[22] Health and Social Care Information Centre (HSCIC) (2007) Statistics on Smoking: England, 2007. https://catalogue.ic.nhs.uk/publications/public-health/smoking/smok-eng-2007/smok-eng-2007-rep.pdf
Health and Social Care Information Centre (HSCIC) (2012). *Statistics on Women's Smoking Status at Time of Delivery - England, Quarter 4, 2011-12*. http://www.ic.nhs.uk/pubs/wsstd1112q4
[23] Health and Social Care Information Centre (HSCIC).(2011).*Infant Feeding Survey, 2010.* http://www.ic.nhs.uk/catalogue/PUB00648
[24] English Public Health Observatories (2013), *Health Profiles, 2012.* http://www.apho.org.uk/default.aspx?QN=HP_METADATA&AreaID=50254

Figure 3.2.1. For example, in Rushcliffe in the south of the county, smoking prevalence is 14.8%, whereas Ashfield in the north of the county has a smoking prevalence of 29.4%.

Figure 3.2.1

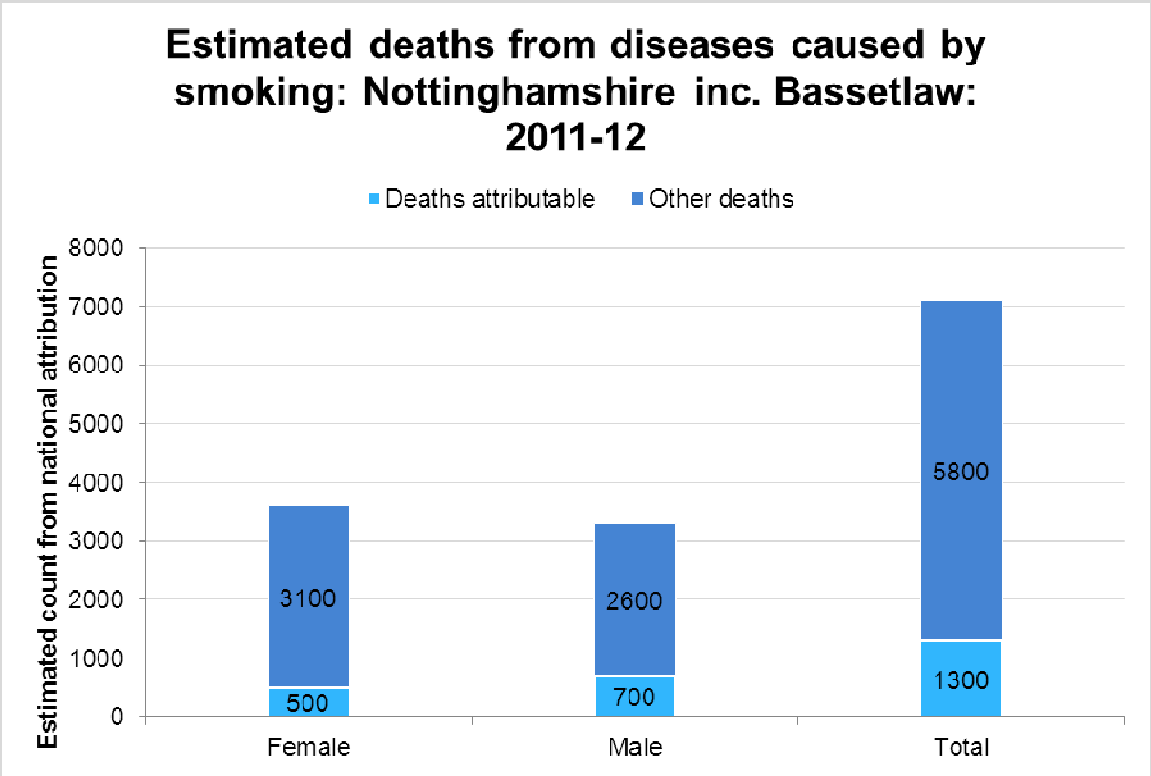


Source: Local Tobacco Control Profiles, 2013 (ONS Integrated Household Survey)

Deaths through smoking related illness amount to 1,347 across Nottinghamshire every year (English Public Health Observatories, 2012), with 200 more deaths in males than females (Nottinghamshire Public Health Intelligence Team, 2012[25]). Smoking related hospital admissions are also above regional and national averages in Mansfield and Ashfield; in the same way the prevalence rates are 9% higher than the England average (English Public Health Observatories, 2012).

[25] Nottinghamshire Public Health Intelligence Team (2012) crude estimates on national data taken from Statistic on Smoking, England: 2011

Figure 3.2.2



Source: Nottinghamshire Public Health Intelligence Team, 2013: Based on HSCIC Statistics on Smoking 2011

Childhood and adolescent smoking

Currently, there is little smoking prevalence information in Nottinghamshire for children and young people. Based on estimates of the local population from the ONS and using rates from the SDD survey, it is estimated that currently 1,000 15 year old across Nottinghamshire smoke on a regular basis (Nottinghamshire Public Health Intelligence Team, 2013[26]).

There is, however, some data available based on a survey called D-Vibe. D-Vibe is a web-based tool which has been recently piloted in six schools (three primary, two secondary and one special needs school) in the Mansfield and Ashfield area of Nottinghamshire (where smoking prevalence is 29.3% and 29.4% respectively). These schools are within priority areas, so the results of the survey cannot be applied to the whole of Nottinghamshire, but it can provide an insight into areas such as smoking prevalence, views on sources of support and evaluate curriculum activity on smoking.

The key findings[27] of this pilot were:

- Nearly 70% of non-smokers indicate that they are not likely to smoke.
- 13% of non-smokers said they were likely/possibly/probably likely to smoke.
- Nearly 50% of pupils' families smoke around them either 'sometimes' or 'all of the time'.

[26] Nottinghamshire Public Health Intelligence Team (2013) crude estimates on national data from *Smoking, drinking and drug use among young people in England in 2011*

[27] Source: Safer Nottinghamshire Board Strategic Analytical Unit, Nottinghamshire County Council (2012) *D-Vibe Survey Pilot Data 2012*

- 52% of pupils indicate that they would get no respect from their mates for smoking.
- Approximately 52% of pupils would have the confidence to refuse cigarettes, alcohol or drugs.
- 17% of pupils think the information and advice on smoking needs to be better, although 44% believe it is 'good enough'.

A Newark social marketing based study in 2009/10 aimed to assess children and young people's attitudes and behaviors towards smoking and provide insight into the social, behavioral and practical reasons behind the low uptake of smoking cessation services in Newark.

The study was conducted with Year 9 pupils in five schools and the interim findings highlighted that 61% felt it was common practice to smoke and 5% currently smoked. Following this, it has been decided to give extra focus to a group named as 'confused wannabes'. This group display mixed attitudes towards smoking. They are alert to the health risks associated with smoking but feel they may not be affected by these and that smoking can be a fun and sociable activity. The in-depth analysis revealed:

- Age is a key factor in the maturing process, where changes in friendship groups and aspirations take place.
- Parental influence was held as strong but became less significant as the segment got older.
- Year Ten was an important year, as peer groups changed and there was a need to gain acceptance again to a new peer group.
- The group was in two minds, as they were attracted on the one hand by fun, danger and excitement and on the other hand by responsibility and success.
- It was found that there was a lack of appreciation of addiction.

Second-hand smoke

Within Nottinghamshire, over 30,000 children up to the age of 15 live in a household that is not smoke-free and nearly 100 hospital admissions a year are due to second-hand smoke (NHS Nottinghamshire County, 2012[28]). These figures are based on crude estimates and the exact number of children exposed to second-hand smoke locally is unknown. Again, the D-Vibe survey pilot gave a snap shot of this data for Mansfield and Ashfield, where nearly 50% of pupils surveyed in these areas stated that their families smoke around them either 'sometimes' or 'all of the time'.

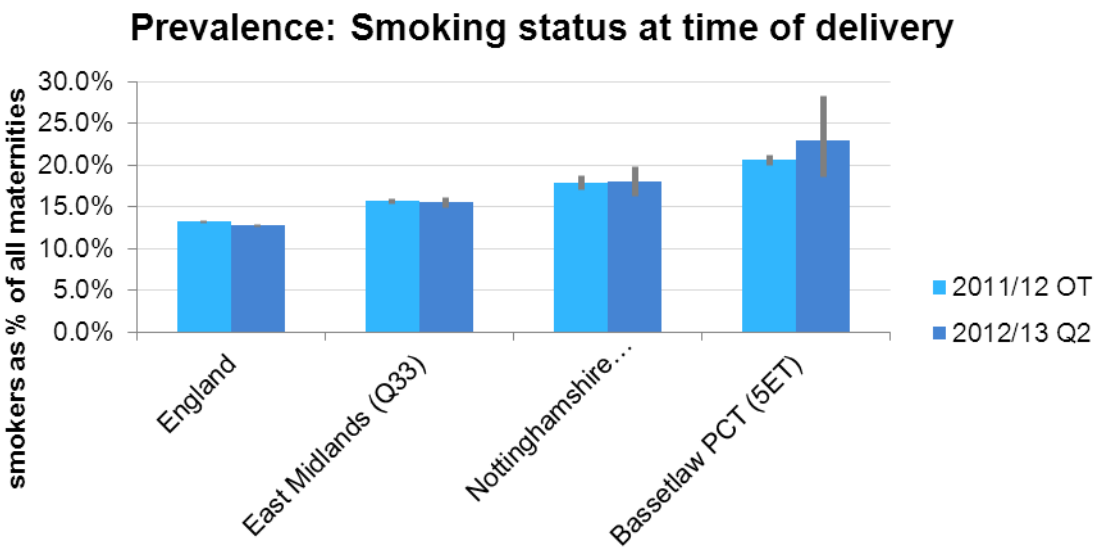
Smoking in pregnancy

For Nottinghamshire County[29], smoking status at the time of delivery is 17.8%. For Bassetlaw, it is 20.6% and in the East Midlands this figure is 15.7%. (All data taken from the English Public Health Observatories, 2012, based on 2011/12 data.) Figure 3.2.3 illustrates these differences and also shows a comparison with the national SATOD data.

[28] Nottinghamshire Public Health Intelligence team, crude estimates on national data taken from: Royal College of Physicians. (2010). Passive smoking and children. A report by the Tobacco Advisory Group. London.

[29] For the purpose of SATOD, 'Nottinghamshire County' data excludes Bassetlaw, which is why Bassetlaw is reported separately.

Figure 3.2.3



Source: The Health and Social Care Information Centre, 2013: Statistics on Women's Smoking Status at Time of Delivery: England, Quarter 4, 2011/12 and Quarter 2 2012/13

Three hospital trusts support women in Nottinghamshire and Bassetlaw; Nottingham University Hospitals NHS Foundation Trust (NUH), Sherwood Forest Hospitals NHS Foundation Trust (SFHFT) and Doncaster and Bassetlaw Hospitals NHS Foundation Trust (D&BHFT). It is assumed that very few non-Bassetlaw residents would deliver their babies at D&BHFT. In the same way that smoking prevalence varies across the county, the same is true for smoking status at the time women deliver their babies.

Table 3.2.4 highlights the smoking at time of delivery variation across Nottinghamshire in 2011/12. This pattern is also true of previous years' data from 2006 onwards. There are some significant differences between the smoking at time of delivery status recorded at NUH and SFHFT, which when considered overall, masks these differences between the north and the south of the county. The quality of this data is currently being reviewed as part of a national study and therefore some caution should be exercised.

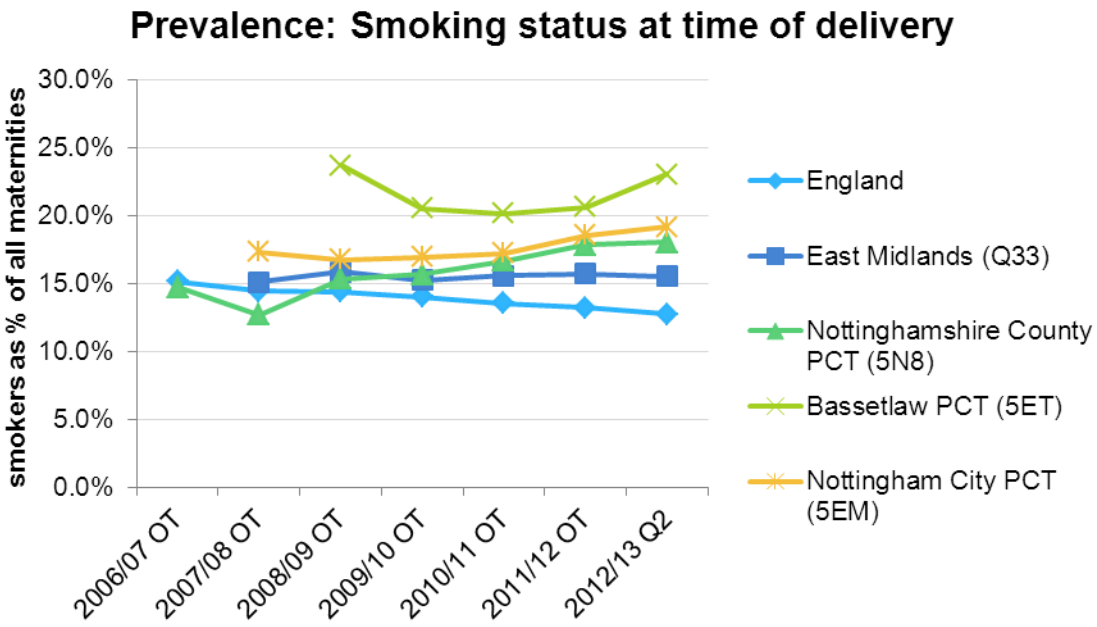
Table 3.2.4 Trend of Nottinghamshire smoking at time of delivery data 2011/12

Trust	Year 11/12
Sherwood Forest Hospitals NHS Foundation Trust	26.2%
Nottingham University Hospitals NHS Foundation Trust	11.9%
Overall	17.8%

Source: The Health and Social Care Information Centre, 2013: Statistics on Women's Smoking Status at Time of Delivery: England, Quarter 4, 2011/12

In England and across the East Midlands, the trend of smoking at time of delivery has followed a general downward trend, but for Nottinghamshire County PCT, Bassetlaw PCT and Nottingham City PCT, this has not shown a true downward trend as illustrated by Figure 3.2.5.

Figure 3.2.5



Source: The Health and Social Care Information Centre, 2013: Statistics on Women's Smoking Status at Time of Delivery: England, 2006-Q2 2012/13 [Note: SSATOD percentage not reported if known smoking status less than 95%]

1.2 Targets and performance

With the advent of 'The Health and Social Care Act' (2012), there has been a move away from a prescriptive 4-week quitter target towards prevalence measures. As earlier alluded to, two of these national ambitions relate to children, and the adult smoking prevalence target will have an indirect impact on children. The ambitions are:

- to reduce adult (aged 18 or over) smoking prevalence in England to 18.5 per cent or less by the end of 2015.
- to reduce rates of regular smoking among 15 year olds in England to 12 per cent or less by the end of 2015.
- to reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015 (measured at time of giving birth).

Adult and adolescent smoking

Currently, smoking rates are measured locally by a 4-week quitter target[30] set by the Department of Health. There is not a specific target for adult and for young people.

For 2012-2013, the target for Nottinghamshire County is 6,084 4-week quits and for Bassetlaw it is 993 4-week quits. Last year and for six consecutive years Nottinghamshire County and Bassetlaw have both over achieved their stop smoking targets. For Nottinghamshire in 2011/12, this was by 7.5%. This equates to 115 people stopping smoking every week across Nottinghamshire County. In Bassetlaw the stop smoking services achieved 1,042 smoking quitters in 2011/12.

As previously identified there is no current local data on this ambition. However, nationally it would appear from the 2010 Smoking Drinking and Drug Use Survey that

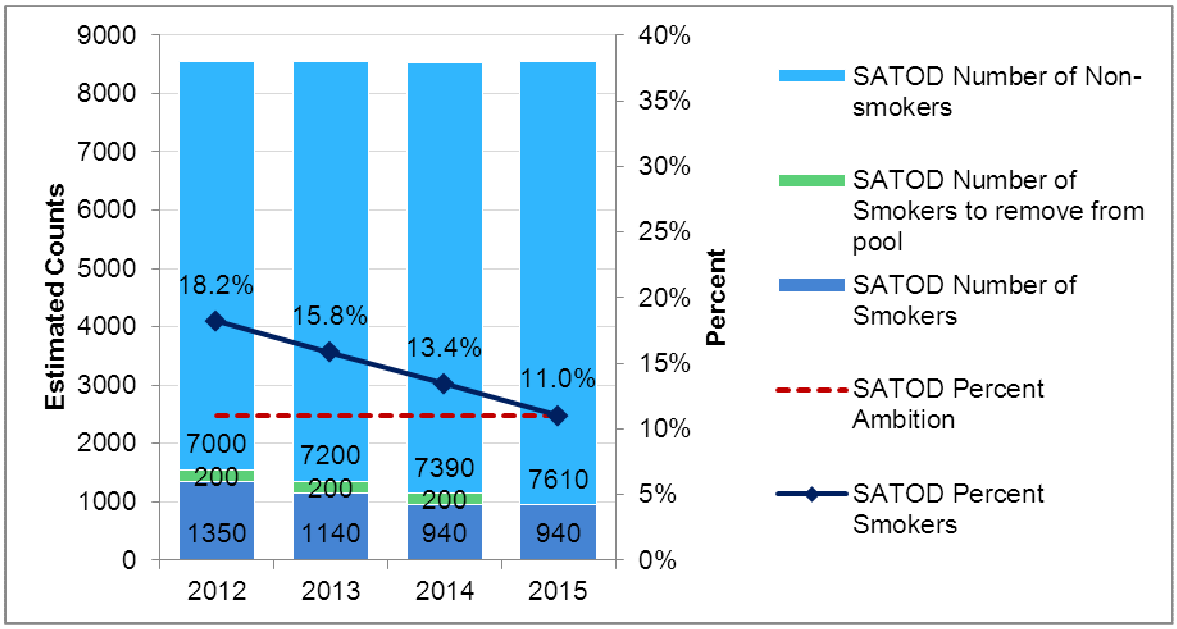
[30] Those aged 16 years old and over who have remained quit at 4 weeks

this target has already been achieved, as at that time 12% of 15 year olds reported smoking regularly.

Second-hand smoke
Currently there is no specific target relating to second-hand smoke. However, as previously cited, addressing exposure to second-hand smoke is a key component of the Tobacco Control Strategy (2011).

Smoking in pregnancy
As previously identified, smoking status at time of delivery rates across Nottinghamshire and Bassetlaw for 2011/12 are significantly higher than on a national and regional level. Figure 3.2.6 highlights that in order to reach the national ambition of 11% by 2015, Nottinghamshire County (including Bassetlaw) will have to reduce SATOD rates by approximately 2.4% year on year, equating to 600 fewer smokers at time of delivery by 2015.

Figure 3.2.6 Smoking at time of delivery: Achieving ambitions by 2015 (including Bassetlaw)**



Source: 18+ Population: POPPI, PANSI projections June 2012 [** Notts. County, inc. Bassetlaw, is estimated by crude population weights as: (estimated number of smokers from County exc. Bas. and Bas.) divided by (total County inc. Bas. population)]

1.3 National and local strategies

The Tobacco Control Plan for England (2011) has specific priorities around reducing smoking rates in children and adolescents who smoke, preventing the uptake of smoking in children, second-hand smoke and smoking during pregnancy. At a local level, the Health and Wellbeing Strategy for Nottinghamshire and its accompanying action plan, include similar objectives. In the same way, the action plan that guides the Strategic Tobacco Alliance Group (currently in development) will reflect local and national drivers around smoking and children and young people.

1.4 Local Views

New Leaf, the specialist stop smoking service in Nottinghamshire carries out an annual satisfaction survey with a sample of service users. In 2011/12, 108 service users took part in the survey and of these 89.8% were very satisfied with the service

they received and 92.2% found the service 'easy to contact'. Similarly, Bassetlaw Stop Smoking Service conducted a survey with 59 service users and found that 68% (40) thought the overall experience of the service was very good and 55% (32) thought the time they waited for an appointment was very good. However for both surveys, it is unknown from the survey how many of these people were under-18 years of age and how many were pregnant.

The aforementioned Newark study gained insight from key stakeholders on young people's access to stop smoking services. The study reported 'a lack of awareness of the services, including free nicotine replacement therapies, available to support young people quit smoking in Newark'. Furthermore, it concluded 'that while adult smoking cessation services should be extended to younger smokers, they may require different models of delivery to effectively impact on quitting'.

With respect to specific views of children/adolescents on stop smoking advice and information, the D-Vibe pilot revealed: 17% of pupils think the information and advice on smoking needs to be better, although 44% believe it is 'good enough'. As previously noted this is for a small sample size and does not identify the source of the information/advice.

1.5 Current activity and service provision

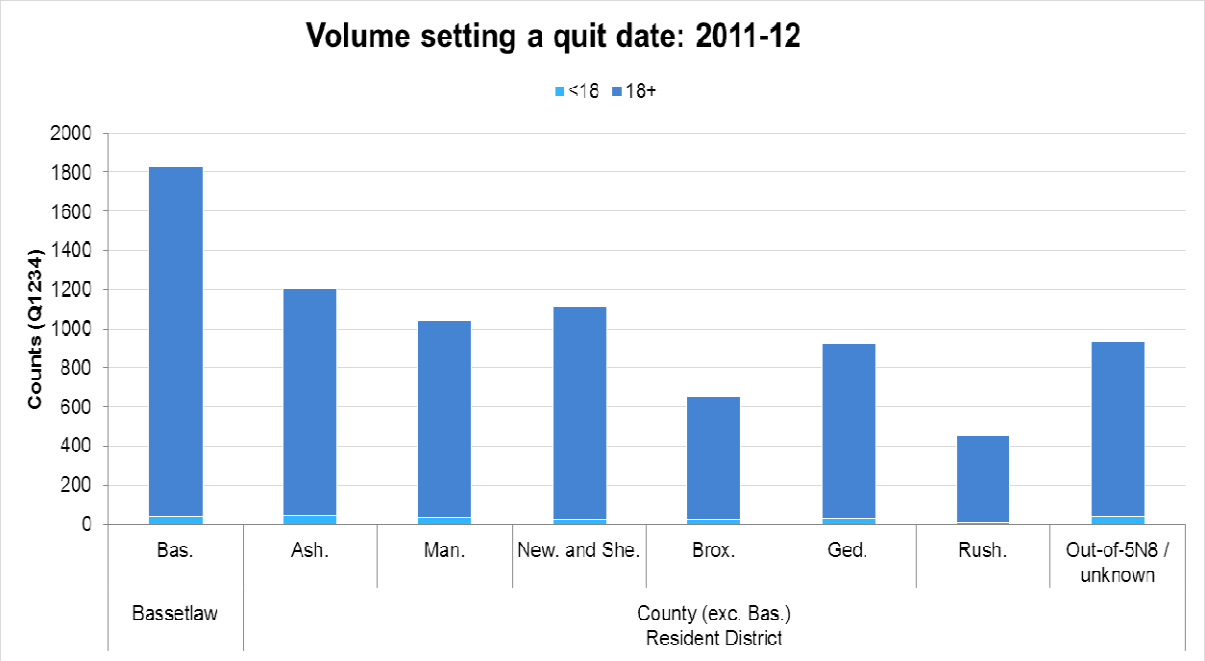
Childhood and adolescent smoking

Given that children are three times more likely to start smoking if their parents smoke, a significant factor in reducing smoking initiation in children is to reduce the number of adult smokers. In Nottinghamshire, stop smoking support is provided by a specialist stop smoking service in Bassetlaw and New Leaf for the rest of Nottinghamshire. Stop smoking support is also provided through local pharmacies and GP surgeries. In 2011/12, 8,152 people accessed stop smoking support in Nottinghamshire (including Bassetlaw) [31] and as previously noted, the 4 week quitter targets were exceeded.

As stop smoking services in Nottinghamshire can support children as young as 12 years old, data for this age group and above is included in the data for under 18 year olds. The number of under-18 year olds accessing support services is significantly lower than those over-18. In Nottinghamshire only 3% of service users are under the age of 18. This is true across all localities. Ashfield has the highest number of under-18 year olds accessing stop smoking services - however, it also has the highest number of over-18 year olds accessing services.

[31] NHS Nottinghamshire Local Stop Smoking data (2011/12)

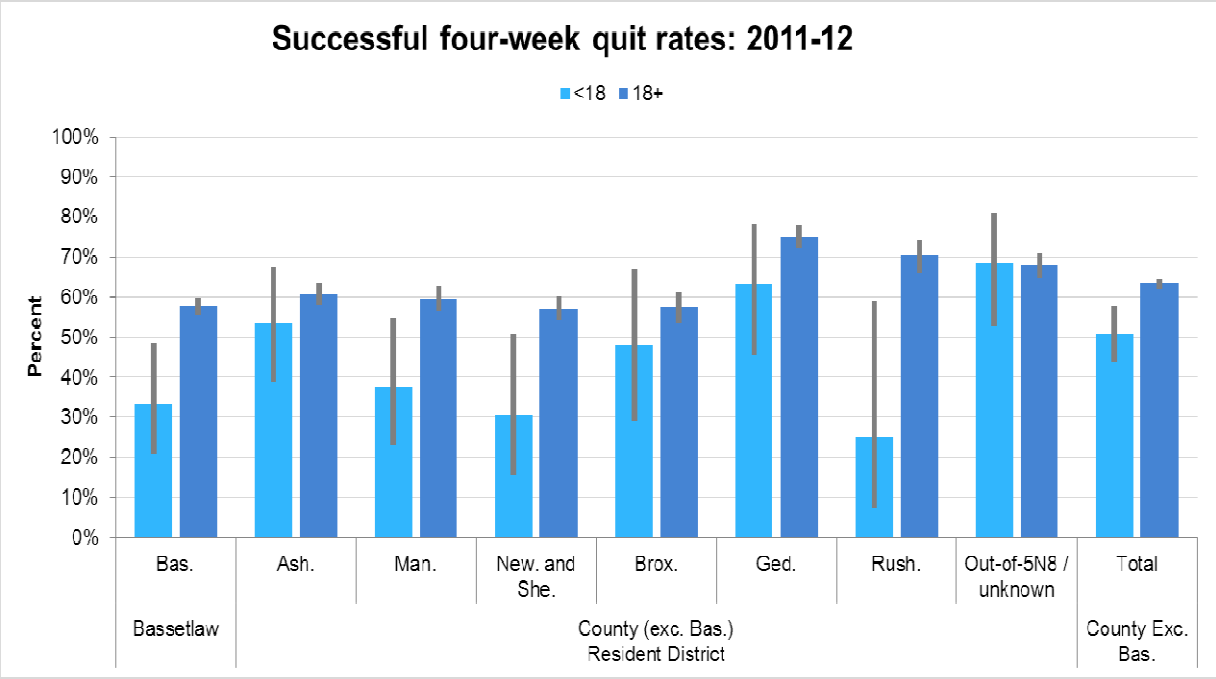
Figure 3.2.7



Source: Nottinghamshire Public Health Intelligence Team, 2013: QuitManager

In the same way, quit rates for under-18 year olds compared with over-18 year olds are significantly lower at county level (46.5% and 62.7% respectively). This pattern is reflected at district level, though for some localities the difference between the two age groups is not significantly different, for example in Ashfield, Broxtowe and Gedling (confidence intervals overlap).

Figure 3.2.8



Source: Nottinghamshire Public Health Intelligence Team, 2013: QuitManager

Overall, in terms of both access to services and successful quit attempts, this data may suggest that services may not be effective in attracting children and young people in the first place and furthermore may not be suitably designed to support under 18 year olds in their attempts to quit.

Schools have a statutory requirement for drugs education (including tobacco) as part of the National Curriculum. They also have an important role to play in helping to deliver the Government's 'Drug Strategy' (2010)[32]. Currently Nottinghamshire schools offer education around smoking delivered directly by the school or through commissioned services, for example 'DARE' (Drugs and Alcohol Resistance Education) and Keepin' IT REAL programmes. In Bassetlaw, Nottinghamshire Life Education Centre has been commissioned to deliver health related messages to children aged 3-11 years. These programmes are not consistent across Nottinghamshire and are often delivered as part of a wider health and wellbeing programme or drugs and alcohol awareness programme.

Second-hand smoke

Nationally, interventions addressing the issues of children's exposure to second-hand smoke in the home are not standardised. Many areas adopt a 'pledge' system whereby families pledge or promise to not smoke at all in the home or car or to impose certain smoking restrictions. It was decided that a staged approach would be the most appropriate for Nottinghamshire, offering individuals achievable and realistic options to restrict smoking in the home and the car. This would give some people the opportunity to apply some initial restrictions, with a view to moving through to the final stage and eventually quitting smoking altogether. The second-hand smoke initiative, known as 'Steps to Go Smoke-free' was initially piloted (under the name 'Go Smoke-free') in Mansfield, Ashfield, Bassetlaw and Broxtowe through community events and stop smoking services.

In total, 185 households made a Go Smoke-free pledge in the initial pilot phase from August 2010 to February 2011. The majority of households signed up to a Level 3 commitment (3% level 1, 12% level 2 and 85% level 3). Pledges were also made regarding smoking in cars (15% level 1 and 85% level 2). The initiative is estimated to have reached over 321 adults and 226 under 18 years[33].

The full roll out of the scheme will require the involvement of Nottinghamshire primary schools to deliver three lessons as part of personal, social & health education to children in Years 5 and 6, designed to raise awareness of the dangers of second- and third-hand smoke. The children will then deliver the message to parents and through this, families will be encouraged to take steps to go smoke-free.

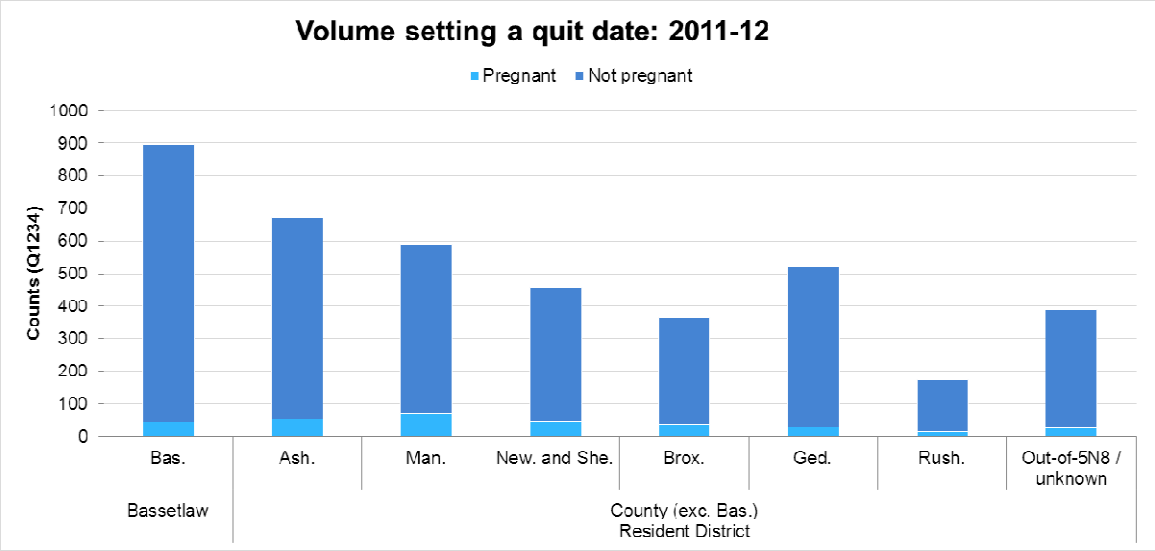
Smoking in Pregnancy

Currently any pregnant smoker may be self-referred or referred from maternity or other related services to local stop smoking support. In November 2011, New Leaf, the specialist stop smoking service in the county, reconfigured their services to offer a specialist pregnancy service for women. Various models are being explored to make the service flexible and responsive to the individual needs of pregnant women, including smoking cessation advisors attending antenatal clinics and offering home visits.

[32] The Home Office (2010). *The drug strategy, 'Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life'*
http://www.homeoffice.gov.uk/publications/alcohol-drugs/drugs/drug-strategy/drug-strategy-2010
[33] NHS Nottinghamshire County (2011) *Go smokefree pilot study data, 2010-2011*

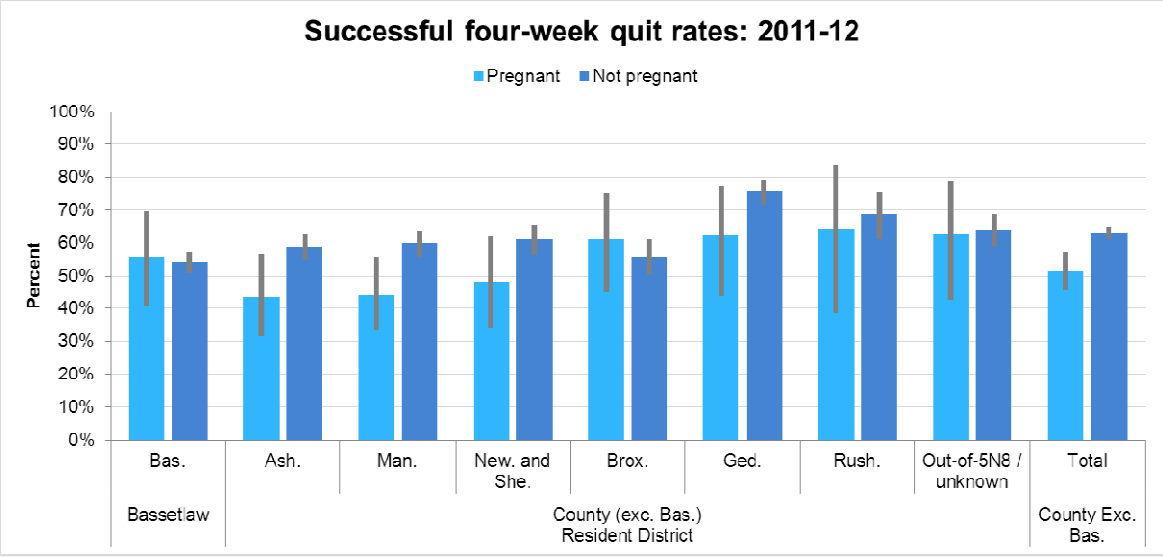
The proportion of pregnant smokers setting a quit date is 3% (around 1 in 30) of all service users setting a quit date, with some variation across the county. Although the numbers highlight the need to encourage pregnant smokers to access services and quit smoking, Figure 3.2.10 illustrates that those who do sign up to quit smoking have a relatively high success rate, similar to that of the general population of Nottinghamshire (50.4% and 62.9% respectively).

Figure 3.2.9



Source: Nottinghamshire Public Health Intelligence Team, 2013: QuitManager

Figure 3.2.10

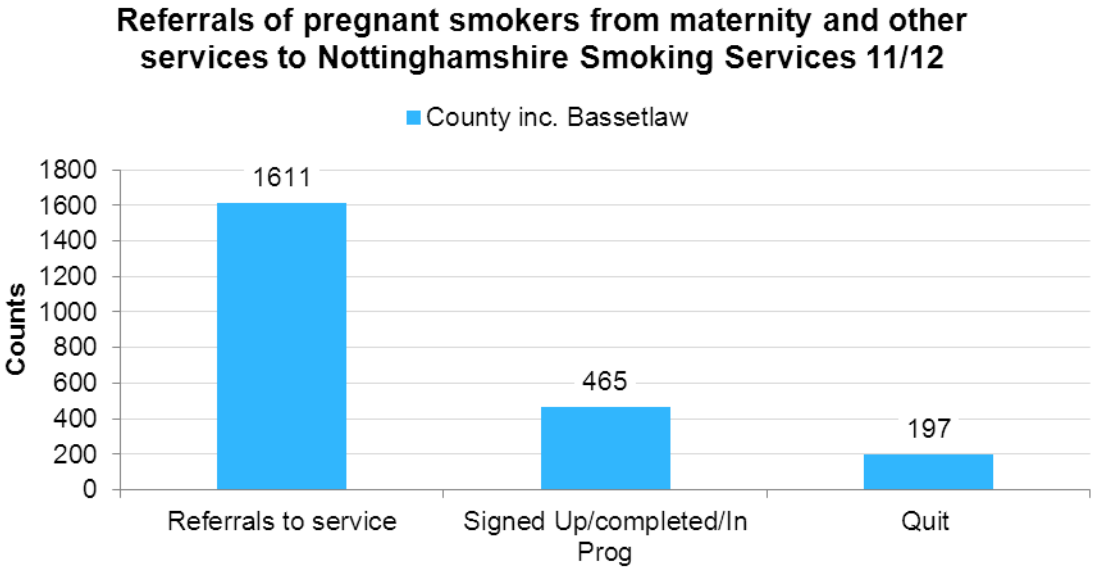


Source: Nottinghamshire Public Health Intelligence Team, 2013: QuitManager

One way of boosting access to services is to increase the number of pregnant women referred to stop smoking services from maternity and other related services. Figure 3.2.11 illustrates that in 2011/12 1,611 pregnant women were referred to stop smoking services in Nottinghamshire. Of these, 28.9% signed up to the programme (set a quit date) and of those signing up, 42.4% actually quit. Possible explanations

for the low uptake of women signing up for support and for a lower conversion rate from quit dates to quits (compared with pregnant women who access the service generally) may be related to the quality of the referrals and the assumption that women who access support services on their own accord are more motivated. This may indicate that those women referred to stop smoking support require further support or more tailored interventions, as opposed to those women who may access stop smoking support on their own initiative.

Figure 3.2.11

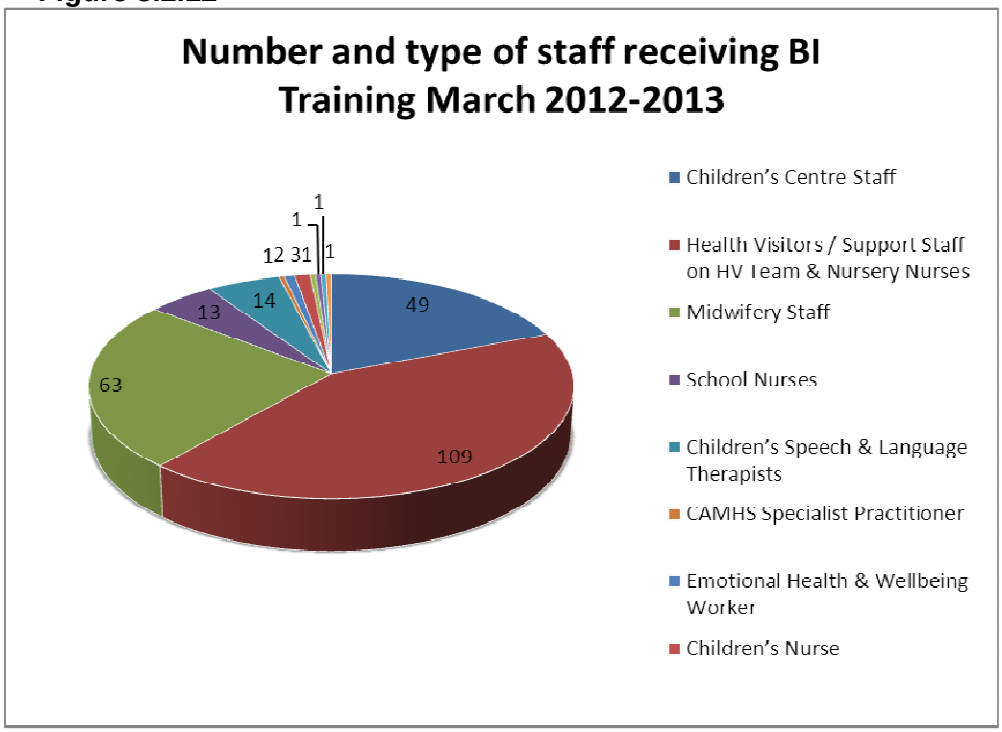


Source: Nottinghamshire Public Health Intelligence Team, 2013: New Leaf Stop smoking Service data 2011/12, Bassetlaw Stop Smoking Service data 2011/12

Brief intervention training

Free brief intervention (BI) training for the staff of partner organisations with a remit around children and /or health is commissioned in order to increase knowledge and confidence around smoking and second-hand smoke, knowledge of the support services available and referrals processes. This training usually takes place as part of a wider health and wellbeing BI training programme. Figure 3.2.12 outlines the number and type of staff trained. The greatest numbers trained are from midwifery and health visiting teams.

Figure 3.2.12



Source: County Health Partnerships, 2013 - Brief Intervention Training database, March 2011-March 2012

1.6 Evidence of what works

The National Institute for Health and Clinical Excellence (NICE) has produced guidance relating to children and adolescents and smoking in pregnancy.

School based interventions to prevent smoking (PH23)[34]

Key recommendations:

- The school smoking policy should support both prevention and stop smoking activities and should apply to everyone using the premises (including the grounds).
- Information on smoking should be integrated into the school curriculum.
- Anti-smoking activities should be delivered as part of personal, health and social education sessions and other activities related to Healthy Schools or Healthy Further Education status.
- Anti-smoking activities should aim to develop decision-making skills and include strategies for enhancing self-esteem.
- Parents and carers should be encouraged to get involved and students could be trained to lead some of these programmes.
- All staff involved in smoking prevention should be trained to do so.
- Educational establishments should work in partnership with outside agencies to design, deliver, monitor and evaluate smoking prevention activities.

[34] The National Institute for Health and Clinical Excellence (2010) *Public Health Guidance 23.* http://guidance.nice.org.uk/PH23

Quitting smoking in pregnancy and following childbirth (PH26)[35]

Key recommendations:

- Identify pregnant women and refer them to NHS stop smoking support.
- Ensure NHS stop smoking services meet the needs of disadvantaged pregnant women who smoke.
- Provide support, information and offer referral for partners of pregnant smokers.

2.0 What does this tell us?

2.1 What are the key inequalities?

Analysis of the size of the issue and impact locally has highlighted key inequalities relating to age, geography and whether the smoker is pregnant or not. These factors may also interact to produce a greater likelihood of inequity; for example a pregnant woman who is under 18 years old and from Bassetlaw is much less likely to access stop smoking support. It is also known that at a national and local level occupation also plays a key role, with smokers from routine and manual occupations less likely to access services. This again may interact with other aforementioned factors to impact of access and uptake of services.

The Smoking Cessation Service Health Equity Audit (2009) highlighted inequalities relating to age and sex:

- Smoking prevalence is greatest in 20-30 year olds.
- Female smokers aged 18-34 and 35-44 are the most likely to access services, whereas men aged 18-34 are least likely to access.
- Female and male under 18s are 40% less likely to quit than average.
- Men are less likely than women to access services but more likely to quit.

This further reinforces the inequalities previously observed.

2.2 Where are the gaps in service?

Childhood and adolescent smoking

- There is currently no tailored young person's stop smoking provision in Nottinghamshire.
- Stop smoking education/awareness is inconsistent and often delivered in schools as part of a wider drug and alcohol programme.
- There is a lack of localised awareness campaigns to de-normalise smoking.

Second-hand smoke

- There is no standardised second-hand smoke initiative in Nottinghamshire that is fully embedded in the community.

[35] The National Institute for Health and Clinical Excellence (2010) *Public Health Guidance 26.* http://guidance.nice.org.uk/PH26

Smoking in pregnancy

- Midwives with a specific remit around stopping smoking.
- Fully embedded stop smoking provision for pregnant smokers.

2.3 Where are the gaps in knowledge?

Childhood and adolescent smoking

- The reasons for the difference between under-18 year olds and over-18 year olds in accessing smoking cessation services are still unknown.
- There is currently no smoking prevalence data for 15 year olds for the whole of Nottinghamshire.
- The impact of local interventions on children and young people's smoking prevalence is unknown.

Second-hand smoke

- The exact number of children exposed to second-hand smoke is currently unknown at a local level.
- The number of families who have put in place smoking restrictions in the home and car would also provide a valuable insight into the exposure of children to second-hand smoke.

Smoking in pregnancy

- It would be valuable to understand why few pregnant women access stop smoking services, particularly from routine and manual backgrounds and women aged 20 years old and under, when it is known nationally that smoking prevalence in these groups of pregnant women is much higher.
- It would also be useful to investigate the referral processes to stop smoking services from maternity and other services and to identify how the number of referrals, quality of referrals and quit rates could be improved when pregnant women access smoking cessation services in this way.

2.4 What are the risks of not delivering targets?

The risk of not delivering tobacco control measures could mean that at a local level the national targets are not met. As a result, there may be an increase in adult smoking prevalence, which in turn would impact on the initiation of smoking in children and exposure to second-hand smoke. Furthermore, given that smoking is the main contributor to the difference in life expectancy, not carrying out such measures may see a widening of this gap.

As a result of an increase in smoking-related mortality and morbidity, the financial cost associated with tobacco would likewise increase.

2.5 What is on the horizon?

Despite the move towards a prevalence target, for 2013/14 it is anticipated that the 4-week quitter target will remain the same in order to continue to reduce the harm caused by first-hand and second-hand smoke and also as a way to reduce smoking initiation in children.

NICE is due to produce guidance on:

- harm reduction
- smoking cessation in secondary care: acute and maternity services

Work going forward will use NICE guidance to ensure that services and interventions are based on best practice and good value for money.

Tobacco harm reduction refers to reducing the illnesses and deaths caused by smoking tobacco – among people who smoke and those around them. People who smoke can do this by making changes in their smoking behaviour, which might involve completely or partially substituting the nicotine from smoking with nicotine from less hazardous sources that do not contain tobacco.

The secondary care guidance will address smoke-free policies and smoking cessation in hospitals and other acute or maternity care settings, including smoke-free strategies and interventions, integration of smoking cessation information in care pathways, identification and referral to stop smoking services and the interventions for temporary abstinence.

3.0 What should we be doing next?

In order to reduce smoking prevalence, it is important to not only target current smokers, but to prevent young people from starting smoking. The transfer of responsibility for Public Health to the Local Authority should present an opportunity to engage with new partners and services and for regular brief intervention training that encompasses each of the three tobacco-related issues.

Taking into account the gaps in knowledge around young people and pregnant women, it is recommended that insight work should be carried out with this cohort, so that provision is designed in collaboration with key service user groups, and if deemed necessary a specialist stop smoking service for each should be developed. In addition, there are recommendations specific to each issue:

Childhood and adolescent smoking

- Roll out D-Vibe or a similar prevalence measure in schools and other settings across Nottinghamshire. This will allow national comparisons to be made and will also provide insight into the types of interventions that may be required in schools by providing a benchmark against which to measure effectiveness.

- An educational intervention specific to smoking, coupled with a smoking-specific peer support programme consistent across all schools in Nottinghamshire, is recommended in order to enhance education and awareness around smoking and to also build resilience amongst Nottinghamshire's young people. This intervention should particularly target the 'confused wannabes' as identified in the Newark study.

- A localised awareness campaign to promote environments where smoking is not seen as the norm, for example, an extension of smoke-free environments within the local community e.g. smoke-free play area.

Second-hand smoke

- The Steps to Go Smoke-free initiative should be rolled out and fully embedded in the community through partner engagement and options on how best this could be achieved should be considered.

Smoking in pregnancy

- Targeted interventions with women from routine and manual backgrounds, women aged 20 years old and under and those who refuse referrals to stop smoking support.

- Local mechanisms, such as the use of action groups and adoption of NICE guidance, should be employed to ensure SATOD rates are reduced.

3.3 Substance Misuse (last updated September 2013)

Key Messages

1. The overall picture of substance misuse service for Nottinghamshire is encouraging - both services that were reviewed in drafting the needs assessment (Face It and Head 2 Head) had significant strengths.

2. The majority of referrals come from criminal justice agencies such as youth offending teams, but also from schools and parents. The complexity of individuals' lives in which substance misuse interventions play a significant part is a recurrent feature.

3. Young women, Asian and problematic alcohol users appear to be under-represented in treatment and Black and Mixed race young people appear to be over-represented.

4. The successful transition from young people's services to those for adults with substance misuse needs is not transparent enough to identify unsuccessful transfers, or those that are 'lost' in the transition between young people and adult services.

5. The improvement in early and preventative interventions, and in treatment approaches evident from the two services reviewed, suggests that once referral has taken place there are a range of interventions and treatment support that are tailored to need and the stage of the young person's recovery journey.

The most recent young people's substance misuse needs assessment for Nottinghamshire was undertaken by Nottingham Trent University in March 2013 on behalf of Nottinghamshire County Council. The text in the following section is taken from the executive summary of that report. The full needs assessment can be accessed at:
http://www.nottinghamshire.gov.uk/caring/childrenstrust/

Summary

The overall picture of substance misuse service for Nottinghamshire is encouraging. Both services that were reviewed (Face It and Head 2 Head) had significant strengths such as the professionalism of staff, the appropriateness of treatment interventions and well planned discharges. There are modest recommendations for both services.

Quarterly reporting has identified a range of recommendations for the service and commissioners around service process mapping, needs assessment, modalities of interventions, service development and understanding treatment journeys. The review of specialist substance misuse treatment services has produced a range of findings regarding the changing landscape of service provision. These include:

- the national picture of substance misuse services
- the need for systematic reviews of substance misuse literature
- the review of substance misuse services including pathways into care and treatment, access to services and referral routes
- young people's experience during care and treatment
- treatment system delivery with interventions provided and length of time in treatment
- exit and referral routes following treatment.

The research on service evaluation adopted a qualitative approach, which included case file reviews and interviews conducted with young people. The case file reviews of both services suggest that the majority of referrals come from criminal justice agencies such as youth offending teams, but also from schools and parents. There is evidence of timely and appropriate interventions with comprehensive risk assessment (Strengths and Difficulties Questionnaires, Health of the Nation Outcome Scales for Children & Adolescents, Asset Profiles). Differing modalities of intervention are tailored to need and include motivational interviewing, harm reduction, cognitive dissonance, pharmaceutical and psycho-social, harm reduction/minimisation and relapse prevention.

The recording and running records of contact with individuals are well kept, being accurate and timely with the majority of information expressed in the multi-disciplinary records. Care plans are well recorded and comprehensive, with actions clearly outlined and with initial assessment and outline of treatment interventions. The patient journey records in the case files of 'written records by patient' and 'carer's notes on patient's pathway' are consistently absent. The complexity of individuals' lives in which substance misuse interventions play a significant part is a recurrent feature.

The improvement in early and preventative interventions, and in treatment approaches evident from the two services reviewed, suggests that once referral has taken place there are a range of interventions and treatment support that are tailored to need and the stage of the young person's recovery journey.

The delivery of treatment and provision of services is recovery orientated, effective, high quality and protective. The evidence base to support this requires further work – for example, the involvement in the treatment process of families, carers and the wider community is an area for extension.

The treatment interventions deliver continued benefit and achieve recovery-orientated outcomes. The length of time and success of these achievements for supporting people's recovery requires further examination. The continuity of care, after care plans and follow up to treatment / recovery was difficult to discern and future work could be dedicated to follow up studies.

Through encounters and work with staff as part of the project, they were found to be energetic, passionate, imaginative and highly skilled in translating the complexities of substance misuse into the emergent understanding of young people.

Key issues and gaps

General

1. The reordering of the commissioning arrangements will need a period of 'bedding in' under the new commissioning framework and the emergent priorities in leadership, scrutiny and opportunities assessed under the new commissioning framework.
2. Systematic reviews of substance misuse literature would enhance the national and local picture, and the various stakeholders involved in substance misuse.
3. More detailed information is needed about the number and needs of children and young people in the county that have drug and alcohol issues who are not already in specialist treatment (especially 16-17 year olds).
4. More detailed information is needed about the number of children and young people affected by parental or carer drug and alcohol issues.
5. Exploration of limited variation in the referral sources to treatment currently over-represented by criminal justice.
6. Development of pathway into treatment, specifically: secure estates, emergency departments and targeted support services.
7. Young women, Asian and problematic alcohol users appear to be under-represented in treatment and Black and Mixed race young people appear to be over-represented in treatment.
8. The successful transition from young people services to those for adults with substance misuse needs is not transparent enough to identify unsuccessful transfers or those that are 'lost' in the transition between young people and adult services.
9. A review of training available for the workforce is required to address identified recommendations.
10. A review of the evidence is required to identify the links between anti-social behaviour, young people, alcohol and drugs and the relationship to crime and drug partnerships.
11. Consultation with young people is lacking and this agenda would benefit from involving them in the strategy and commissioning process through participatory action research.
12. There is a need for more up to date information on continuing emerging drugs and the impact locally.

Process Mapping of Service

13. To achieve and maintain meaningful data capture.
14. To record data on 're-presentations' to identify 'gaps' and 'blockages' and revolving door provision.
15. To examine facilitating 'self-referrals' into treatment.
16. Interventions and modalities of treatment profile requires further examination, with detailed understanding of modalities of treatment offered and how this meets identifiable need.

Needs Assessment

17. To identify wider needs of presenting individuals at access to treatment (for example, the involvement of family and carers).
18. To compile geographical differences in need to identify 'hot-spots' of substance misuse.

Service Development

19. Waiting times as headline indicators need further examination.

20. Knowledge, understanding, skills and expertise of safeguarding arrangements to be reviewed.

Understanding Treatment Journeys

21. The tracking of individual treatment journeys to construct a 'treatment journey picture' would be beneficial.
22. An examination of how discharge destinations map onto referrals to match categories and highlight inappropriate referrals in order to devise an action plan to address this.
23. A further examination of care plans to chart and track onward referral and discharge.
24. Identify multi-agency working and complex referrals.
25. Map National Drug Treatment Monitoring System quarterly reports data to national comparator and the Child Well-Being Index.

Treatment Sessions

26. Greater investigation is needed of the modalities of treatment to be recorded and entered onto national reporting.

Commissioning and System Management

27. To continue to establish robust levels of need in relation to substance use among young people and children.
28. To review and align all commissioned services against needs identified in the needs assessment and evaluate effectiveness.
29. Strengthen the strategic commissioning and governance across children's commissioning to ensure alignment of delivery.
30. To consider user involvement at a commissioning level to inform system and service design.
31. To continue to invest in workforce development across all partners with contact with young people to ensure early identification and appropriate referral.
32. A more detailed analysis of the risk of harm vulnerabilities for young people in treatment would be favourable.
33. A further analysis of new emerging drugs and the impact of this locally would be valuable to the services.

Specialist Substance Misuse Treatment System

34. Referral pathways should be mapped to identify gaps in referrals, such as sexual health clinics, GP's, further education, police and the secure estates.
35. The continuation of supporting early intervention/help as prevention work, whilst identifying ways to provide robust evidence of the long term success measures and evaluation of the scheme.
36. The pathway for children into support for those affected by parental use should be strengthened with further integration between adult and children's services.

Treatment System Delivery

37. The implementation of formal mechanisms to improve joint working across substance misuse services to include performance management meetings and frameworks.
38. Ensuring that appropriate links are being made locally between services for domestic and sexual violence, young people, substance misuse and safeguarding agendas.

Leaving Specialist Treatment

39. Implementing a transparent transition process into adult treatment for young people to identify blockages within the pathway.

40. Obtaining a clinical perspective on referral and treatment.
41. Exploring children and young people focused interventions and services.

Recommendations for consideration by commissioners

Recommendation 1: The extent of dual diagnosis and co-morbidity of substance misuse and mental health difficulties requires further exploration.

Recommendation 2: Explore electronic support (such as Apps or formats and platforms) for substance misuse treatment, information and advice.

Recommendation 3: Maintain up to date and engaging electronic information as an external-facing point of contact.

Recommendation 4: Review programmes for looked after children to address substance misuse issues and programmes to address parental and carers' substance misuse in terms of the impact on children and young people.

Recommendation 5: Review aftercare and longitudinal support for those who have engaged with substance misuse services and how their recovery is proceeding.

The full substance misuse needs assessment can be accessed at:
http://www.nottinghamshire.gov.uk/caring/childrenstrust/

3.4 Sexual health (last updated September 2010)

Key Messages

1. NHS Nottinghamshire County and NHS Bassetlaw met the national Chlamydia screening target (25%) for 2009/10. Both Primary Care Trusts achieved a 25.1% take up of Chlamydia Screening amongst 15-24 year olds.

2. Nottinghamshire has a higher percentage of positive Chlamydia test results than the national average.

Sexual health across the UK is a national priority, as the numbers of sexually transmitted infections (STI) are rising, teenage conception rates remain high, and there is an increasing demand for termination of pregnancy. This pattern is replicated across Nottinghamshire. Due to the priority given to sexual health, there are now challenging targets in place locally and nationally. These include screening 15 to 24 year olds for asymptomatic Chlamydia infection, reducing teenage conception rates, reducing levels of STIs, and improving access to genito-urinary medicine (GUM) services.

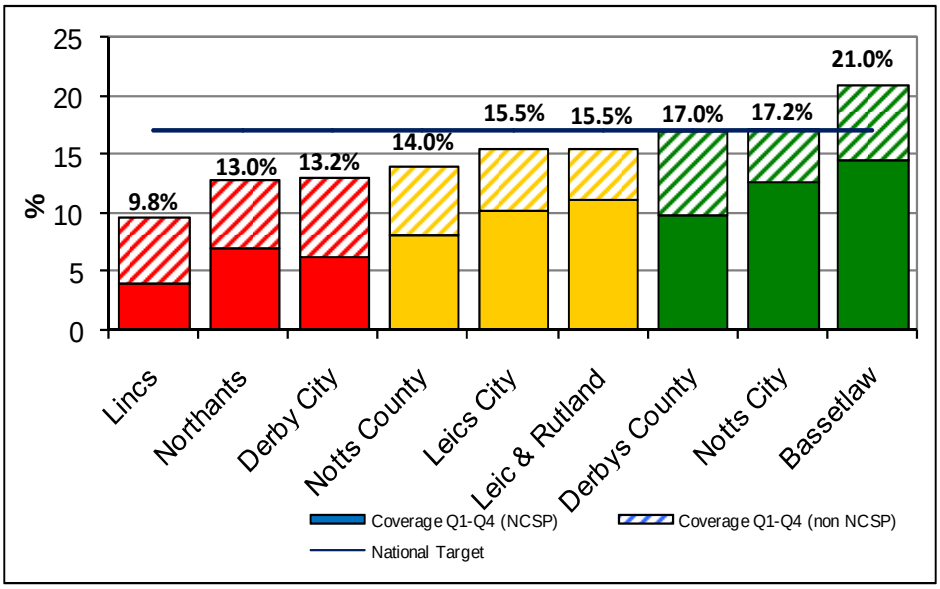
Chlamydia

The following presents a profile of Chlamydia screening in NHS Nottinghamshire County. NHS Bassetlaw has a separate Chlamydia screening programme and further information can be obtained directly from NHS Bassetlaw.

Genital *Chlamydia trachomatis* is a sexually transmitted infection. Prevalence of Chlamydia is highest in young sexually active adults, especially those aged under-25 years. Untreated infection can have serious long-term consequences, particularly for women, in whom it can lead to pelvic inflammatory disease (PID), ectopic pregnancy and tubal factor infertility. In men it can result in painful testicles. Since many infections are asymptomatic, a large proportion of cases remain undiagnosed, although infection can be diagnosed easily and effectively treated. The National Chlamydia Screening Programme (NCSP) has found that approximately one in 14 young people under 25 years who are tested have Chlamydia infection.

The target for PCTs in 2008/09 was to screen 17% of the eligible population annually. The eligible population is 15 to 24 year olds. This is equivalent to 13,634 tests in NHS Nottinghamshire County. Figure 3.4.17 shows how NHS Bassetlaw and NHS Nottinghamshire County performed compared to others within the region in 2008/09. By 2009/10, both NHS Nottinghamshire and NHS Bassetlaw had achieved a 25.1% take up of screening amongst 15-24 year olds.

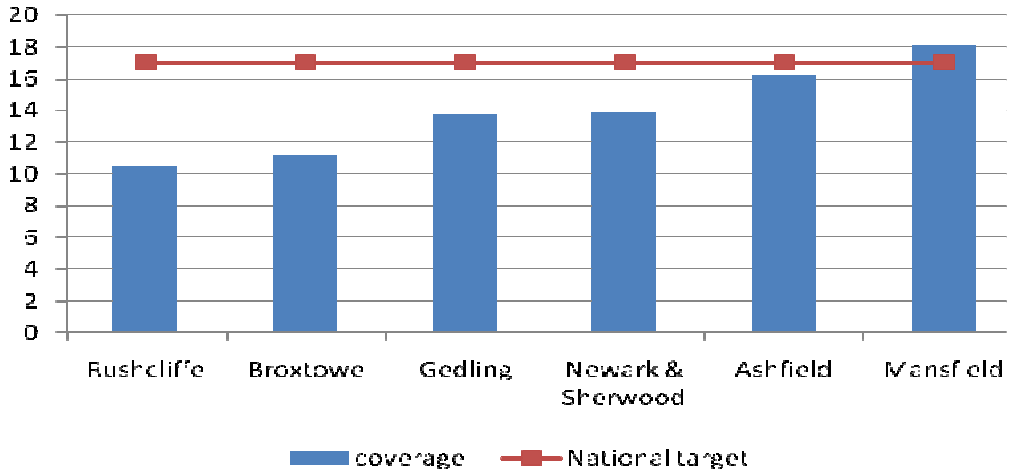
Figure 3.4.1 NI 113 Chlamydia Screening coverage East Midlands PCT's 2008/09



Source: Health Protection Agency, 2010

Within Nottinghamshire take up of screening varied. Bassetlaw achieved 21% uptake, well above the national target; Mansfield achieved coverage of 18.1%, while Rushcliffe had the lowest coverage of 10.5%.

Figure 3.4.2 Coverage by district within NHS Nottinghamshire County 2008/09

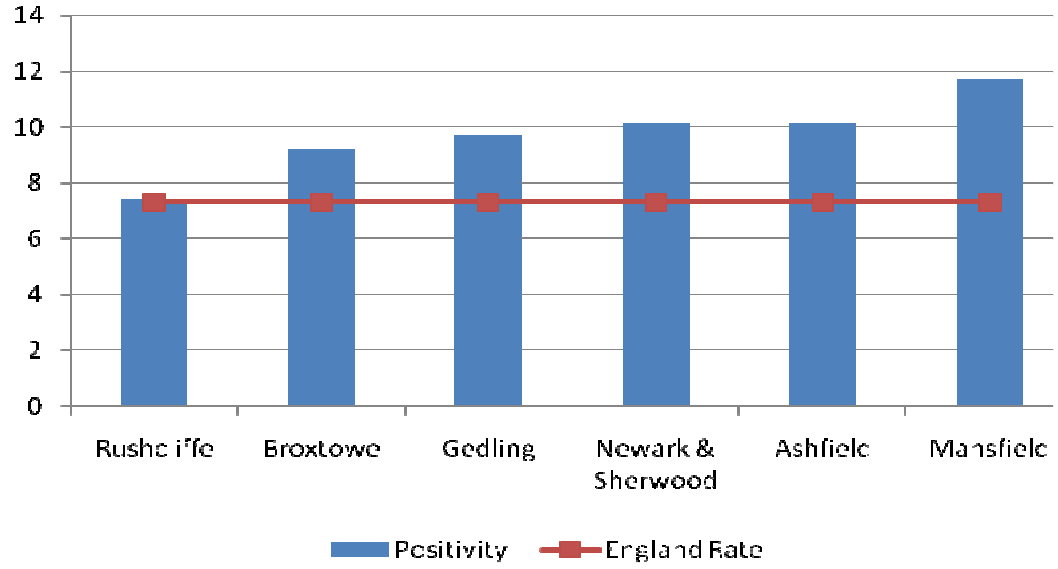


Source: National Chlamydia Screening Programme, 2010

Testing positive for Chlamydia

Overall, NHS Nottinghamshire County had a higher percentage of positive test results than the national average. All but one district (Rushcliffe) had infection rates higher than the national average.

Figure 3.4.3 Positivity by district within NHS Nottinghamshire County 2008/9



Source: National Chlamydia Screening Programme, 2010

Chlamydia was found to be present in 638 tests in the NHS Nottinghamshire County area in 2008/09. 44% of these tests were managed through the NHS Nottinghamshire County Chlamydia Screening Office (CSO) and analysis of this data shows that 73% of females and 57% of males with a positive test were treated.

Table 3.4.4 Percentage of positive tests resulting in treatment by gender, NHS Nottinghamshire County Chlamydia Screening Office 2008/9

2008/9	***Female***	***Male***	***Total***
Positive	215	67	282
Treated	158	38	196
Percentage treated	73%	57%	70%

Source: National Chlamydia Screening Programme, 2010

3.5 Participation in the community and in recreation (last updated March 2013)

Key Messages

1. In 2012/13, Nottinghamshire County Council's Young People's Service worked with in excess of 28,000 young people who attended provision more than 265,000 times.
2. Nottinghamshire operates one of the largest Duke of Edinburgh award schemes in the country.
3. 16% of Nottinghamshire residents perceived groups of teenagers hanging around on the streets as a problem in 2012, down from 46% in 2008.
4. In 2012/13, on average targets for County Council play provision were exceeded by 10% across the county.
5. In 2013, over 18,000 young people voted in the UK Youth Parliament elections which selected eight young people from 45 candidates.
6. According to the 2010 ICM survey, 8% of Nottinghamshire 11-18 year olds took part in arts/cultural activities at least once a week; 6% did so once or twice a month, and 14% participated once every few months or less.

Participation in positive activities

Nottinghamshire County Council's Young People's Service[36] has a remit to provide access to high quality, safe and enjoyable positive activities for children and young people outside of the school day and to provide a structure for children and young people to voice their opinions and to shape the services provided for them.

There is a wide pattern of youth work delivery, ranging from traditional centre-based youth work (there were 29 statutory young people's centres and 10 youth clubs in the county as of March 2013), and mobile projects (the service had 10 purpose built youth work units in March 2013). In addition to district teams, there are countywide services, including those providing skills for employment, support for looked after young people and those supporting disabled children and young people. The service will also oversee the commissioning of play services from April 2013 and provides the county's Duke of Edinburgh (D of E) Award programme.

Since April 2011, targets for the Young People's Service have focused on numbers of young people worked with and the cumulative total of attendances they made at the service's provision. In 2011-12 and 2012-13, the service was set a target of working with 26,000 individual young people who, between them, made 250,000 attendances. In 2012-13 the service worked with in excess of 28,000 young people who attended provision more than 265,000 times.

[36] The service works with children and young people aged 5-19 (disabled young people and care leavers up to the age of 25).

In the most recent public perception survey (November 2012) run by Nottinghamshire County Council and its partners, 16% of Nottinghamshire residents perceived groups of teenagers hanging around on the streets as a problem[37]. This represents a major reduction from 46% in 2008. Respondents in Ashfield (34%) and Newark & Sherwood (23%) are more likely to think that groups hanging around the streets are a problem, compared to Rushcliffe (6%) and Broxtowe (8%), and those aged 25-44 are more concerned by the issue than the rest.

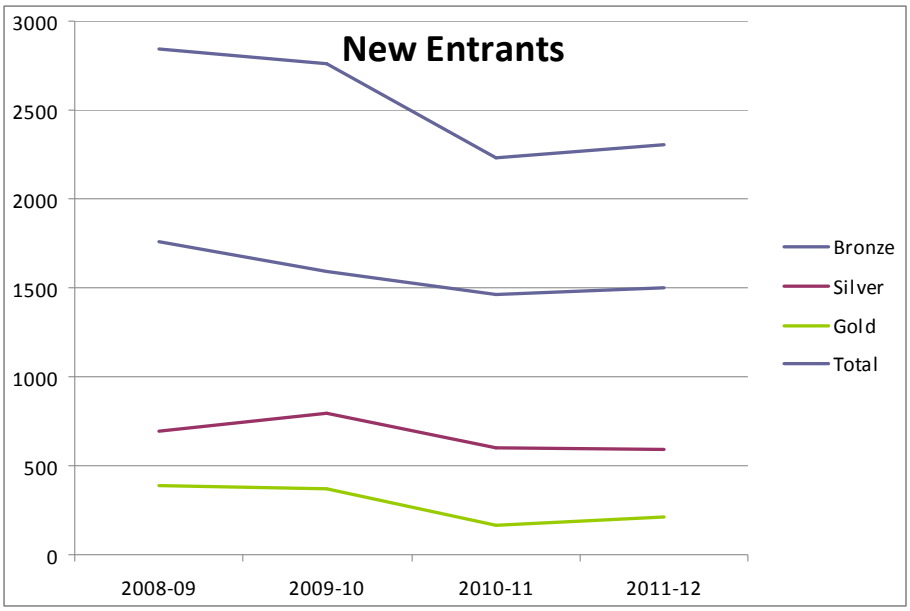
Duke of Edinburgh Award Scheme

Nottinghamshire operates one of the largest D of E award schemes in the country, and already in 2012/13 we have seen a rise in the number of participants from the 2,301 recorded in 2011/12. The summer of 2012 saw over 800 young people taking part in 165 separate Silver and Gold expeditions undertaken in both the UK and abroad. Currently there are 60 licensed organisations delivering under Nottinghamshire's Licence. These comprise young people's centres, secondary schools, colleges, open award centres and voluntary sector groups.

During 2012, a new web-based "e-D of E" Award was introduced across the county. With the web-based portal replacing the old D of E books, the resultant effect has been to speed up the accreditation process for all the participants and bring the Award into the world of the internet. The last three years has also seen the numbers of young people who start and complete the Award rise by almost 10%.

The statistics show that the drop in the number of new entrants, combined with the improved completion rates, demonstrates that those participants that enrolled to just participate in the expedition section have significantly reduced (Figures 3.5.1 to 3.5.3). The gender balance for the participants is an approximate 50% split between male and female.

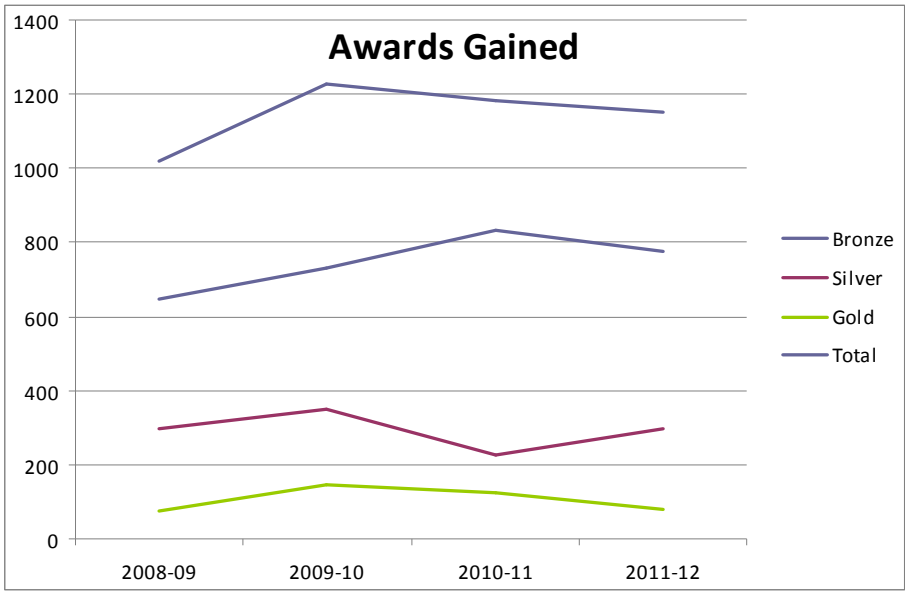
Figure 3.5.1 New entrants to the Nottinghamshire Duke of Edinburgh Award Scheme (2008/09 to 2011/12)



Source: Nottinghamshire County Council, 2013
[Note: Data up to and including 2009/10 includes Nottingham City Council. 2010/11 onwards is County Council only.]

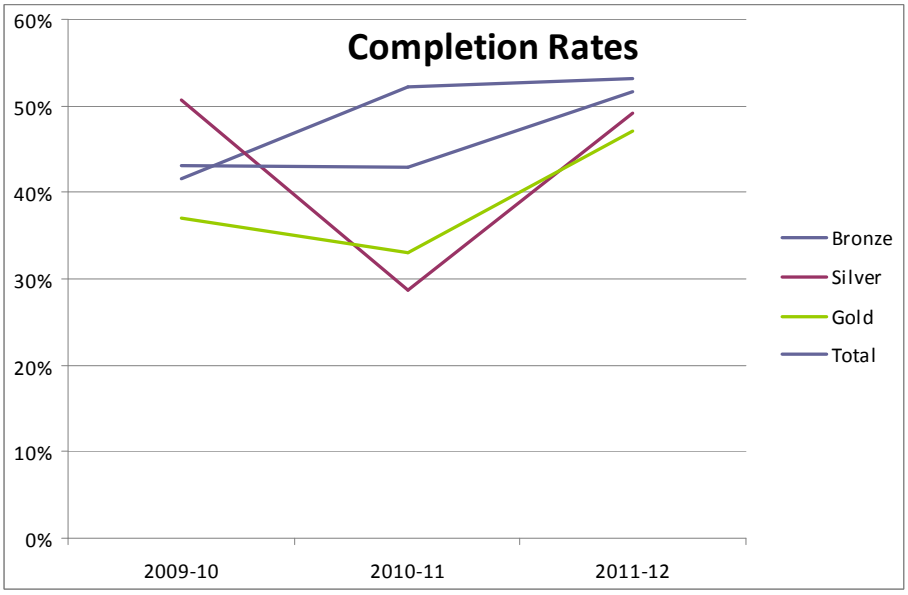
[37] 5% = a very big problem; 11% = a fairly big problem

Figure 3.5.2 Awards gained on the Nottinghamshire Duke of Edinburgh Award Scheme (2008/09 to 2011/12)



Source: Nottinghamshire County Council, 2013
[Note: Data up to and including 2009/10 includes Nottingham City Council. 2010/11 onwards is County Council only.]

Figure 3.5.3 Awards gained on the Nottinghamshire Duke of Edinburgh Award Scheme (2008/09 to 2011/12)



Source: Nottinghamshire County Council, 2013
[Note: Data up to and including 2009/10 includes Nottingham City Council. 2010/11 onwards is County Council only.]

Participation in play

Since April 2011 the Young People's Service has been responsible for the delivery of the County Council's play provision. Each district has a full-time locality play coordinator who is responsible for delivering the following targets:

- To deliver an annual play day in each district for a minimum of 300 young people and their families, facilitated by all seven locality play workers.

- To ensure a minimum total of 1,000 children and young people are engaged in positive play activities in each district through direct interaction with lay workers (play days, street play, holiday park play, support with the locality festival etc).
- To offer play forums support through formal monthly meetings with the play worker.
- To ensure that at least five play schemes are supported by direct intervention of the play worker in each district.
- To ensure 'Safe Places' positive activities after school clubs are supported where appropriate.

During 2011-12 and 2012-13, all targets were met and exceeded. In 2012-13, on average targets were exceeded by 10% across the county.

The Young People's Service Play 4 Disabled Children's Team provides Saturday Clubs, Holiday Clubs, Breaks in Partnership and the Reach Out Project. Over 700 disabled young people will attend more than 3,000 sessions of positive activities in 2012/13.

From April 2013 to March 2016, mainstream play provision will be commissioned to an external provider. The contract will be managed by the Young People's Service and the commissioning specification includes the following:

- The organisation will have a physical presence and contact point in each district to allow for the support of local play schemes.
- To ensure a minimum 1,000 individual children and young people, between the ages of 3 and 13 (up to 18 for disabled young people), at positive play activities[38] in each district (total 7,000 across the county) which take place outside of the school day.
- To ensure that children and young people, between the ages of 3 and 13 (up to 18 with a disability), engage in a minimum of 2,000 attendances at positive play activities in each district (total 14,000 across the county) which take place outside of the school day.
- Appropriate safeguarding (including safer recruitment processes and full engagement with the County Council's Pathway to Provision process) and health & safety measures along with insurance for both staff, children, young people and the general public are in place for all events.
- The organisation, including local staff and volunteers, must have a detailed understanding of each of the seven Nottinghamshire districts and their individual play needs.
- Play in each district must have the appropriate balance of direct delivery of Play Days, Street Play, Holiday Park Play and Play Schemes.
- To ensure that those children and young people from at least the top five most deprived wards in each district have access to play provision at least twice a year.
- To include at least one large scale play day in each district for a minimum of 300 children and young people and their families.

[38] Play Days, Street Play, Holiday Park Play and Play Schemes

- Give active support and advice to local play schemes which are supported through County Council grant aid.
- To work in partnership with the County Council's Youth Service to avoid duplication of and add value to provision where appropriate.

Participation in decision-making

For the past two years, Nottinghamshire County Council's Young People's Service has been responsible for developing Scrutiny and Development Boards (SADB) in each of the seven districts of Nottinghamshire. These have replaced District Youth Assemblies and their remit is clearly focused on influencing and informing the delivery of County Council provision. Previously the District Youth Assemblies were likely to provide a forum for young people to discuss and campaign on wider issues which were important to them. The current emphasis on direct influence over County Council provision allows young people to meet with decision makers, voice their opinions and witness first hand the results of their input.

Although recruitment of young people to the SADB includes work with those engaged in Young People's Service provision, it is not restricted to them. Young people from school councils and voluntary sector groups are actively encouraged to become part of the SADB, as are interested individuals.

SADB's are chaired by the local member of the UK Youth Parliament (MYP) and they are supported by a coordinator from the Young People's Service Children and Young People's Participation Team. Locality managers regularly attend SADB meetings to discuss a variety of issues related to County Council provision and during the 2013/14 financial year they will implement plans to give young people more influence over the spending of local budgets within the Young People's Service. This will include up to 25% of budgets for programme enhancement and activities (approximately £5,000 in each district) being allocated to the local SADB for young people from youth work units to submit bids for.

Young people from SADB's are also influential in the selection of the winner of the County Council's annual Outstanding Achievement 4Uth Award. They select the shortlist for winners of the seven district awards and are also involved in the final judging panel alongside adults, including the Leader of the County Council and other prominent members of the community.

Countywide forums are in place for young people with specific needs to influence decisions. The award winning 'Nottinghamshire Pioneers' is a forum for disabled young people who are extremely active in improving service provision and have done considerable work around hate crime and the holocaust. 'No Labels' is the Children in Care Council, where looked after young people can improve service provision by working with officers and members on the Corporate Parenting Panel.

The Young People's Board was established in 2008 to enable young people to influence strategic decisions, including at Children's Trust level. It includes representatives from the young people's groups outlined above, but also includes adult membership: the Group Manager of the Young People's People's Service, and the Chairman of the Early Years and Young People's Sub-Committee. Young people set the agenda for the group and can request attendance by County Council officers. The Young People's Board is chaired by a young person and requests from adults for issues to be raised at board meetings are agreed by the chairman.

Children and young people are involved in a variety of influential roles within the County Council. They have been involved in recruitment of staff at a variety of levels ranging from part-time youth workers through to appointments at corporate director level. Young people are also trained as inspectors of services and have in the last 12 months been involved in "mystery shopper" type exercises in young people's centres and other youth work provision, as well as embarking on a schedule of inspections of libraries. There are discussions currently taking place which will result in young people being involved in inspections of some health services, including GP surgeries. Younger children are also involved in consultation through the Children and Young People's Participation Team, which has a staff member specifically designated to work with the younger age group.

Young people are involved in the design of newly built provision. This has been particularly true of the new young people's centres and youth clubs in Nottinghamshire. There have been ten of these built between 2007 and 2013. They have similarly been involved in the design of new library provision.

The role of Nottinghamshire's members of the UK Youth Parliament has also been increasing in importance. Elections for the UK Youth Parliament are facilitated by the County Council and take place every two years. In 2013, over 18,000 young people voted in the elections which selected eight young people from 45 candidates. MYP's chair the seven district SADB's and, in addition, represent young people from Nottinghamshire at regional and national sittings of the UK Youth Parliament. In 2013, prior to the elections, candidates were involved in a debate chaired by the Leader of the County Council, which resulted in issues such as public transport and bullying being highlighted to County Council officials and senior officers.

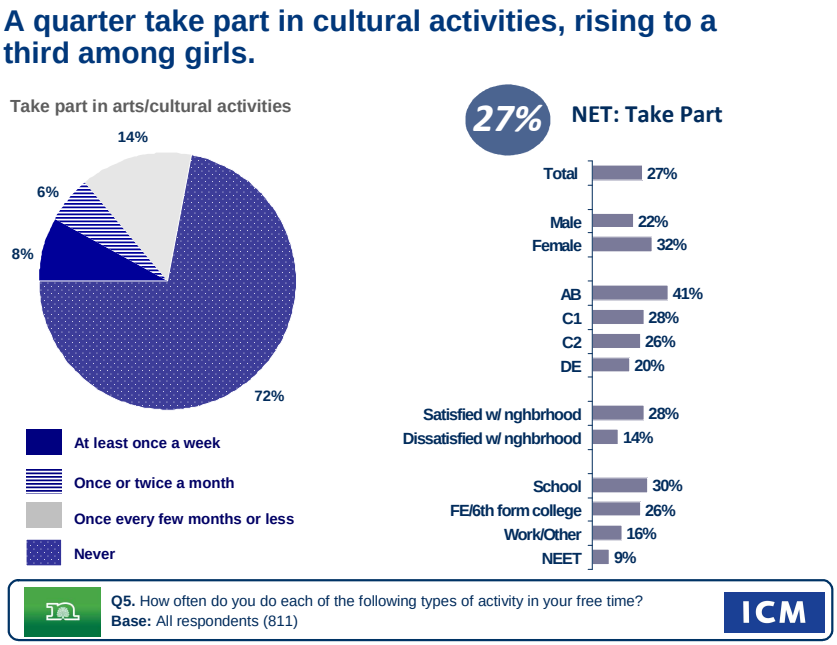
Participation in recreation

The 2010 ICM survey of 811 young people aged 11-18 in Nottinghamshire identified that by far the most popular free time activity was hanging out with friends, which 84% said they did at least once a week. It was notable, however, that one in twenty (5%) said that this is something they never did. 33% said they read books at least once a week and 14% once or twice a month, but 39% said they never read a book.

Around one in ten (8%) took part in arts/cultural activities at least once a week; one in twenty (6%) did so once or twice a month, and one in seven (14%) participated once every few months or less (Figure 3.5.4). Seven in ten (72%) never took part in arts/cultural activities. Girls were more likely than boys to be involved in cultural activities (32% compared to 22%), and participation declined from two fifths (41%) among As and Bs[39] to one fifth (20%) of Ds and Es. Young people who were still in education were most likely to take part, presumably because some of them took part in such activities at school or college, whether as part of the curriculum or as extra-curricular pursuits.

[39] Most market research projects classify the population into social grades – see Appendix for details

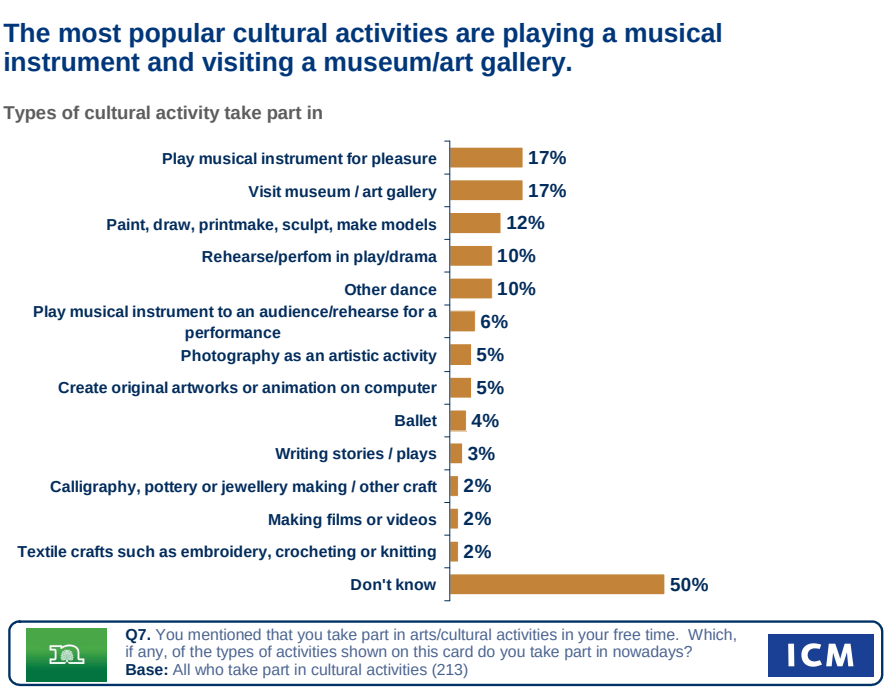
Figure 3.5.4 Young people taking part in cultural activities



Source: ICM Government & Social Research Unit, 2010

The range of cultural activities in which 11 to 18 year olds took part was varied. 17% played a musical instrument for their own pleasure and the same proportion visited museums or art galleries (Figure 3.5.5). Playing a musical instrument was much more popular among boys than girls (26% compared to 11%), as was visiting museums and art galleries (also 26% and 11% respectively). On the other hand, dance was an overwhelmingly female pursuit (15% of girls dance, compared to 2% of boys).

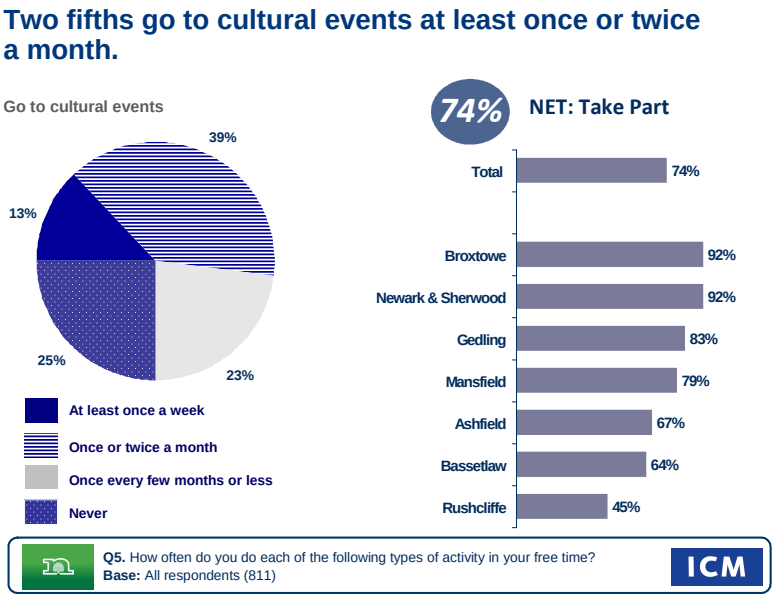
Figure 3.5.5 Types of cultural activity young people take part in



Source: ICM Government & Social Research Unit, 2010

While many young people in Nottinghamshire did not take part in cultural activities themselves, most did go to cultural events (which might include seeing a band, watching a play or film, or any other type of performance). 13% went to a cultural event at least once a week and two-fifths (39%) went once or twice a month (Figure 3.5.6). Overall, three quarters (74%) said they went to cultural events, with those who lived in Rushcliffe being the least likely to (45%).

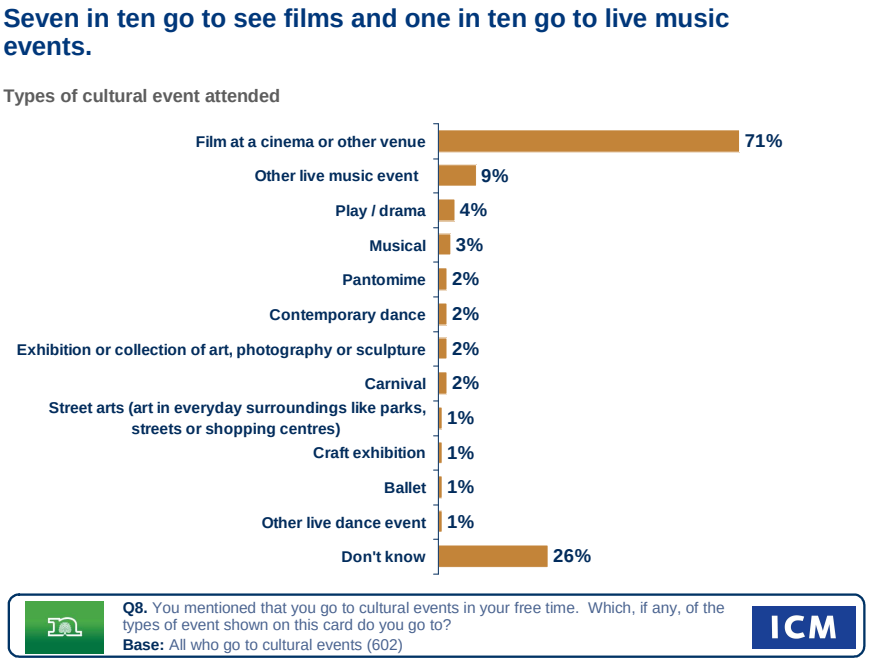
Figure 3.5.6 Percentage of young people going to cultural events



Source: ICM Government & Social Research Unit, 2010

Going to see a film, whether at a cinema or other venue, was the most popular type of cultural event for young people in Nottinghamshire, with seven in ten (71%) saying this is something they did (Figure 3.5.7). One in ten (9%) went to live music events. One in twenty (4%) cited plays/dramas as something they went to and 3% mentioned musicals.

Figure 3.5.7 Types of cultural event young people attend



Source: ICM Government & Social Research Unit, 2010

3.6 Library usage (last updated March 2013)

Key Messages

1. 61,685 children and young people actively used their local library in 2011, 40% of the total library using population in the county. 53,666 were aged 0-13 and 8,019 were aged 14-19.

2. In the last Children's Public User Survey in 2010, 89.0% of under-16s who use a library rated their library as 'good' and only 0.1% as 'bad'.

3. In the same survey, over half of library users under 16 said using their library helped them to read better and learn new things, and more than a third said it helped them to do better at school.

4. Nottinghamshire libraries helped 9,000 children aged 4-12 maintain and develop their reading skills during the long summer holiday by taking part in the 2012 Summer Reading Challenge.

User data from Nottinghamshire libraries

The number of young people actively using their local library can be seen in Table 3.6.1. Of the total number of people who used libraries in 2011, 34.9% were aged 0-13 and 5.2% were aged 14-19. Around 41,668 young people (0-19) borrowed one or more items in 2011, approximately 25% of the (0-19) county population. The largest numbers of users were registered to libraries in Rushcliffe and the least were in Newark & Sherwood. Higher proportions of young people used libraries (compared to the total numbers of library users) in Gedling, Ashfield, Bassetlaw and Broxtowe, as opposed to Newark & Sherwood, where the proportion was the lowest.

. **Table 3.6.1 Number of active users of libraries (January – December 2011)**

	0-13 - % of total active users		14-19 - % of total active users		0-19 - % of total active users	
Ashfield	7,856	36.3%	1,166	5.4%	9,022	41.7%
Bassetlaw	8,015	34.0%	1,308	5.5%	9,323	39.6%
Broxtowe	7,130	35.8%	997	5.0%	8,127	40.8%
Gedling	7,812	36.6%	1,165	5.5%	8,977	42.1%
Mansfield	6,372	34.4%	1,017	5.5%	7,389	39.8%
Newark & Sherwood	7,936	33.4%	1,132	4.8%	9,068	38.2%
Rushcliffe	8,545	34.9%	1,234	5.0%	9,779	40.0%
Total	**53,666**	**34.9%**	**8,019**	**5.2%**	**61,685**	**40.1%**

Source: Nottinghamshire County Council, 2013
[Numbers calculated by user registration to library by district, not by residency of user]

The Children's Public User Survey in October 2010[40] of active users aged under the age of 16 found that 89.0% of under-16s rated their libraries as 'good' and only 0.1% as 'bad'.

The findings of the Children's Public User Survey provide a useful insight into young people's library usage (Table 3.6.2) and how they feel it helps them. The majority said they used the library for conventional activities such as borrowing books, reading, browsing and playing with toys. Just under one in four (24.0%) young people used computers in their library and 17.7% met friends there. Almost one in five of the respondents to the survey went to their local library to 'have somewhere to go' (19.9%) and 16.5% did their homework there. 7.2% of young library users saw it as a place to wait for their parents or family.

Table 3.6.2 Library use by under-16 year olds in Nottinghamshire

Do you come to the library to…	% of respondents
Play with toys	39.9%
Use the computers	24.0%
Wait for parents/family	7.2%
Meet friends	17.7%
Borrow things	87.1%
Read	48.7%
Do my homework	16.5%
Have somewhere to go	19.9%
Any other reason	17.9%

Source: Nottinghamshire County Council, 2013
[Total number of respondents 1,528]

The benefits of using a library as perceived by the young people who took part in the survey are set out in Table 3.6.3. Over half felt that it helped them to read better and learn new things, and more than a third said it helped them to do better at school. Interestingly, 18.2% thought that libraries helped them to use computers better and 29.0% liked libraries because they felt they could make friends there.

Table 3.6.3 Benefits of using the library (0-16 year olds)

Using the library has helped me to…	% of respondents
Read better	56.1%
Do better at school	37.6%
Use computers better	18.2%
Make friends	29.0%
Join in and try new things	41.8%
Learn and find things out	67.5%
Anything else	7.6%

Source: Nottinghamshire County Council, 2013

[40] The next Children's Public User Survey will take place in October/November 2013

Initiatives for children and young people in Nottinghamshire libraries

The Summer Reading Challenge

The Summer Reading Challenge is a major educational and cultural intervention coordinated by The Reading Agency and is run in Nottinghamshire libraries every summer between July and September. The Summer Reading Challenge helps prevent the summer reading dip in achievement when children without reading opportunities at home over the summer break from school traditionally lose ground in their reading. In 2012, Nottinghamshire libraries helped 9,000 children aged 4-11 maintain and develop their reading skills during the long summer holiday through participation in the Summer Reading Challenge. Feedback from parents included:

- *"A fabulous challenge to keep my children reading over the summer. Last year my five year old learned to read through the challenge. This year he has flourished and read harder books."*
- *"My two children lack confidence in reading and it (the Challenge) has really encouraged and motivated them to have a go – especially my daughter who is dyslexic."*

The Letterbox Club

The Letterbox Club is managed by Booktrust in partnership with the University of Leicester, and aims to improve the outlook for children looked after aged 7-13 by providing them with a parcel of books, maths activities and stationery items once every month for six months between May and October.

As well as the books and games in the parcels, the Library Service includes other items and incentives to encourage children and foster carers to use their local library, including an invitation to join the Summer Reading Challenge, and vouchers for a free loan of a children's DVD. Children living in Nottinghamshire are issued with a library membership card if they are not already members of a library, or actively using their library card.

Working with the Virtual School for Looked After Children (LAC), Nottinghamshire libraries contribute to narrowing the educational gap in attainment for LAC in Nottinghamshire. Overall in 2011, 52 LAC were registered as library members - in 2012 this figure had increased to 78. Only four items were issued to LAC in 2009, whereas in 2012 this figure had increased to 193. In addition, 53 LAC living in Nottinghamshire were in receipt of the Letterbox Club parcels in 2012 and feedback includes:

- *"The books were amazing. I learned a lot from them" (*Comment from a child receiving the parcels)
- *"Gave them something to look forward to and encouraged them to read" (*Comment from foster carer)

Bookstart

The aim of Bookstart is to inspire a love of books in every child. It is co-ordinated by Booktrust nationally - the Bookstart Baby Pack, gifted to babies 0-12 months, and Bookstart Treasure, gifted to preschool children aged 3 -4 years, are given out universally. Working with professionals in Health and Education, the Library Service Early Years Team manages the Bookstart programme in Nottinghamshire, helping to promote the benefits of reading and sharing books with babies and children.

In 2012/13, Nottinghamshire maintained its reach of 100% gifting of baby packs to children aged 0-12 months. Bookstart Treasure is projected to reach 97% of preschool children in Nottinghamshire aged 3-4 for the same period. Feedback from parents includes:

- *"It was lovely to get the bookstart books for my son because when he was young I was a single mum and money was tight so books unfortunately weren't high on the priority list. The free books helped get my son into books and he still loves them now"*
- *"Brilliant scheme. Free books from Bookstart and free books from the library. Encourages children to be interested in looking at and reading books from an early age….."*
- *"Bookstart helps encourage my children to read. We really appreciate the gifts we have been given to date and this has really helped my 2 year old to be excited about reading and visits to the library".*

JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE

Children and Young People

4. Education and Attainment

Contents **Page**

4.1 Early years (last updated March 2013)

Key Messages

1. 64.2% of Nottinghamshire pupils achieved a good level of development in the Early Years Foundation Stage in 2011/12, in line with the national figure.

2. The rate of improvement in Nottinghamshire between 2009/10 and 2011/12 was 11 percentage points, compared to the national rate of 8 percentage points. The county ranked 51st out of 152 local authorities, compared to 99th in 2009/10.

3. The 2011/12 gap in Nottinghamshire between the lowest achieving 20% of pupils and the rest was 29.7%, slightly better than the national figure (30.1%) but below statistical neighbours (28.9%).

4. Between September 2011 and August 2012 there were nearly 26,000 children registered with children's centres in Nottinghamshire and around 20,000 were seen. In 2011/12, 73% of the focused population were registered with a children's centre and 51% had been seen.

5. In 2011, the average hourly rate for childcare in the county (£3.48) was 30% of the average hourly wage in the county (£11.72). In Mansfield this figure was 33% and in Rushcliffe 27%.

Foundation Stage Profile

In Early Years Foundation Stage Profile assessments, pupils (usually aged five years old) are scored against 13 assessment scales, each containing nine elements. These are designed to measure ability across a range of key skill areas. 10 of the 13 assessment scales are also categorised under the following areas for learning:

- Personal, social and emotional development (PSED)
- Communication, language and literacy (CLL)
- Problem solving, reasoning and numeracy (PSRN).

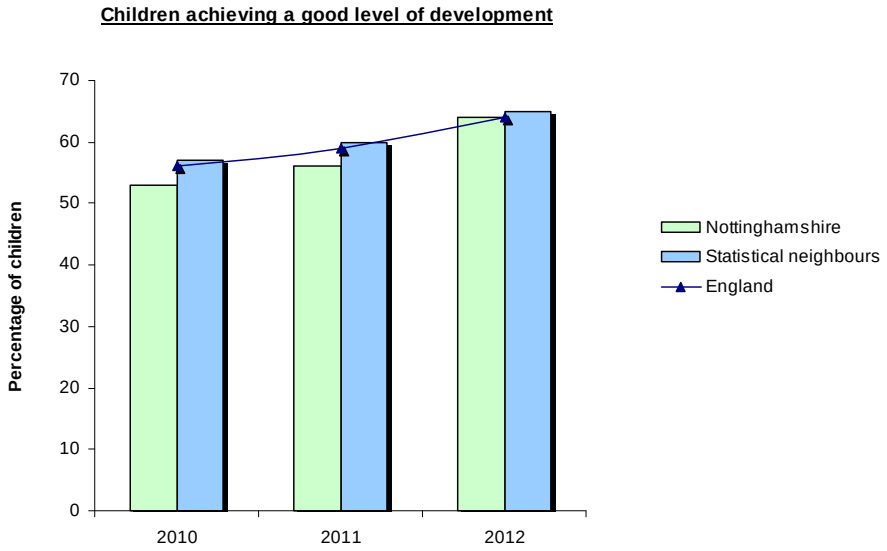
The standard level of achievement for each child is to score at least six points for each assessment scale, a total of 78 points across the whole Foundation Stage. There is a particular focus on achieving six points in each of the seven scales that sit under the 'personal, social and emotional development' and 'communication, language and literacy' areas of learning. There are two performance indicators relating to Early Years Foundation Stage Profile assessments:

- Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in PSED and CLL
- Narrowing the gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest.

In 2011/12, 64.2% of children (Figure 4.1.1) achieved a good level of overall development, compared with 56.4% the previous year (an increase of 8 percentage points). This performance is in line with the national average (which increased by 5 percentage points). The county ranked fifth out of eleven statistical neighbours and 51st out of the 152 local authorities nationwide.

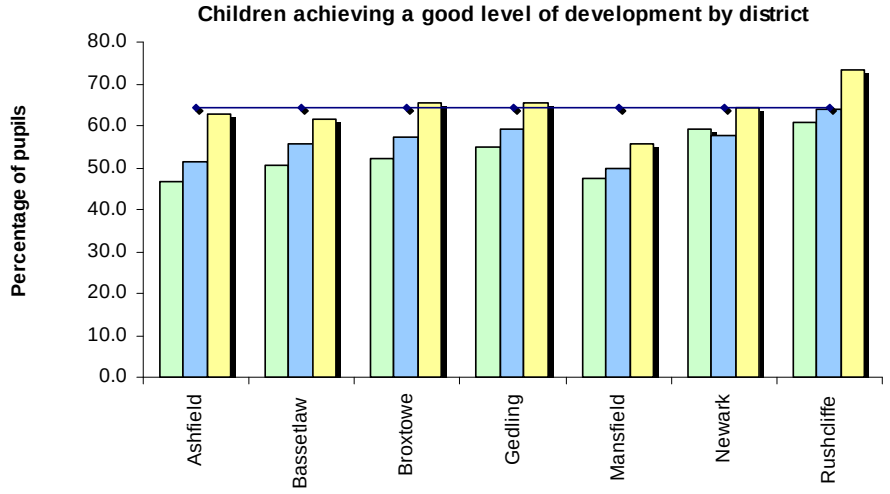
At a district level (Figure 4.1.2), the percentage of pupils achieving a good level of overall achievement was greatest in Rushcliffe (73.2%). Conversely, Mansfield was the lowest performing district (55.5%). Ashfield (62.7%) and Bassetlaw (61.4%) were also below the county average. Improvement in the percentage of pupils achieving a total score of at least 78 points from 2010/11 to 2011/12 was greatest in Ashfield (increase of 11.3 percentage points) and least in Mansfield (increase of 5.7 percentage points).

Figure 4.1.1 Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social & Emotional Development and Communication, Language and Literacy (2010-2012)



Source: Nottinghamshire County Council, 2013

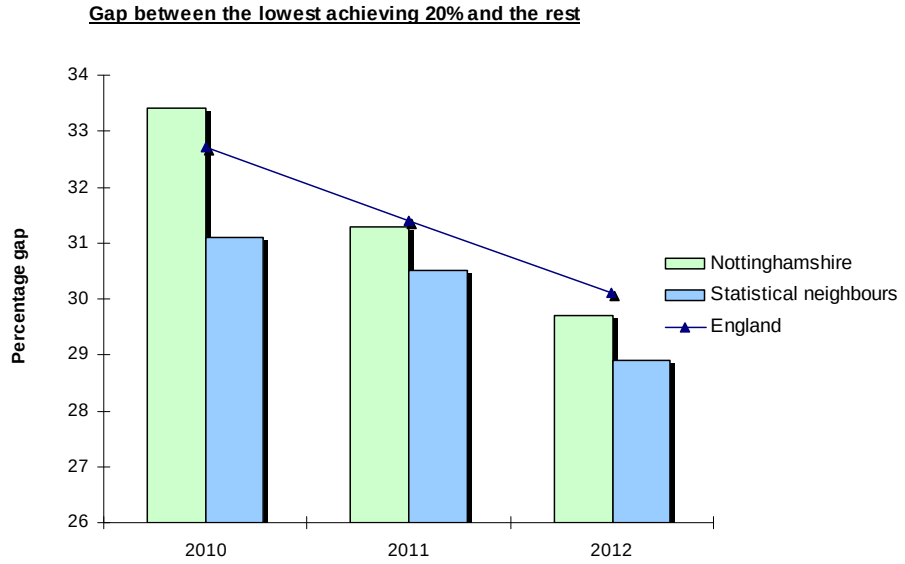
Figure 4.1.2 Achievement of at least 78 points across the Early Years Foundation Stage with at least 6 in each of the scales in Personal, Social & Emotional Development and Communication, Language and Literacy – by district (2010-2012)



Source: Nottinghamshire County Council, 2013 [Green = 2010; Blue = 2011; Yellow = 2012]

The gap between the lowest achieving 20% in the Early Years Foundation Stage Profile and the rest can be seen in Figure 4.1.3. This achievement gap was 29.7% in 2011/12, a favourable 1.6 percentage point decrease compared with the previous year. Nationally the achievement gap in 2011/12 was 30.1%, a decrease of 1.3 percentage points from 2010/11. The county's performance was slightly worse than the average performance of its statistical neighbours (28.9%) in 2011/12, ranking 7th out of 11.

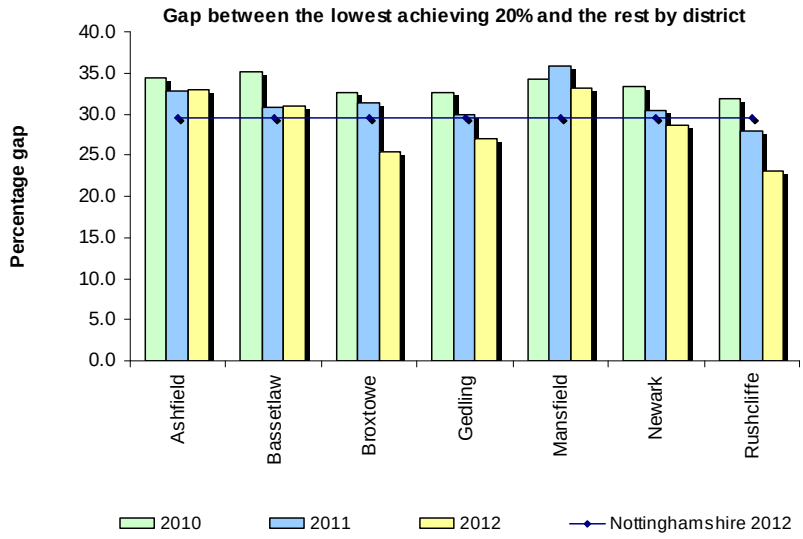
Figure 4.1.3



Source: Nottinghamshire County Council, 2013

At a district level (Figure 4.1.4), Rushcliffe had the smallest gap between the lowest achieving 20% and the rest (23.1%), while Mansfield had the greatest percentage of assessed children falling into the lowest achieving 20% in Nottinghamshire (33.2% of all pupils). The gap increased very slightly between 2010/11 and 2011/12 in Ashfield and Bassetlaw (both 0.2 percentage points), but all other districts saw a decrease.

Figure 4.1.4



Source: Nottinghamshire County Council, 2013

Childcare

Formal childcare has positive benefits for children in terms of their social and emotional development. There is a strong body of evidence[1] that good quality childcare and pre-school provision, especially from age two upwards, has positive benefits on children's all round development and that these benefits last throughout primary school. For older children, research has shown that the benefits of participation in out of school hours activities are considerable, regardless of the activity undertaken. Lack of childcare is also recognised as a limiting factor in the employment of disadvantaged groups, such as lone parents.

Formal childcare covers:

- **Registered childminders** – provide care for up to six children aged under-eight in a domestic setting. Many childminders also provide care for older children before and after school and during school holidays
- **Full daycare** – provide full day care for children aged under eight and are usually, though not exclusively, provided by day nurseries
- **Pre-schools** – (also known as pre-school playgroups) usually offer sessional daycare and sessions of free entitlement to nursery education

[1] http://www.dcsf.gov.uk/rsgateway/DB/RRP/u013144/index.shtml

- **Out of school care** – (or clubs) usually available for school aged children, though many offer places from the age of three to give access to childcare for working parents.

Nottinghamshire has also developed a model for the delivery of individual childcare packages for those children who, because of their severe and complex needs, are unable to access group-based care.

The Childcare Sufficiency Assessment (CSA) is designed to give a clear picture of the task required in filling gaps between childcare supply and demand in the area. The most recent CSA for Nottinghamshire (2011) identified the following:

- There was a net increase in the number of registered providers from 1,446 in 2008 to 1,493 in 2011 (+3.2%). However, the increase in the number of places was just 1.2%. Bassetlaw, Newark & Sherwood and Rushcliffe all had a net decrease in the total number of registered places.
- 92% of parents in all districts were 'satisfied' or better with the opening hours and times of the childcare they used. 57% of childcare settings offer childcare from 8am to 6pm for 48 weeks a year. Many providers in the county are very flexible in the hours they provide care, though being able to offer the free entitlement flexibly in Bassetlaw is an issue due to the rural location of some providers and the lack of premises from which to operate.
- 64% of all childcare providers were rated 'good' or better by Ofsted, compared to 68% nationally. 68% of staff were qualified to NVQ3 or above, against a target of 90%, and only 26% of all early years settings were graduate-led.
- The average hourly rate for childcare in the county (£3.48) was 30% of the average hourly wage in the county (£11.72). In Mansfield this figure was 33%, where hourly earnings are the second lowest but average childcare costs are £3.46 per hour. In Rushcliffe, childcare costs are at 27% of hourly earnings. 22% of families claiming working tax credit also claim the childcare element, with the lowest take up in Newark & Sherwood (18%) and the highest in Ashfield (26%).
- 95% of families were content with the distance they travel to access childcare. There are challenges faced in some rural areas, where families have to travel further to access provision, but it seems those using childcare in more rural parts of the county accept they will have to travel further to access services, as Bassetlaw achieved a 91% satisfaction rate.
- Across all ages, there was one place for every six children at the time of the CSA. Vacancy rates for under-8s were 29% and for over-8s were 45%.

Children's centres

There are 58 designated children's centres in Nottinghamshire, through which children under five and their families can access integrated services and information, including early education and childcare, support for parents and child and family health services.

The service is continuing to reach more families living in the most disadvantaged communities and register them with local children's centres. Centres work with partners to ensure that the most vulnerable families are registered. The increase in numbers of families currently registered and seen reflects this activity, an example of which is the agreement in Newark & Sherwood with health visitors to use the 'consent to contact' form in order to register families. This initiative has also helped to reduce bureaucracy and duplication of roles, practice which will be shared across the service. There has also been greater outreach by children's centres at community-based events.

25,899 children were registered with children's centres across the county between September 2011 and August 2012 (Table 4.1.5), with the highest number in Ashfield (5,703). Nearly 20,000 of these were seen at children's centres during the time period, including 886 teenage mothers and 2,909 lone parents. In 2011/12, 73% of the focused[2] population were registered with a children's centre and 51% had been seen. As at the end of December 2012, 80% of children's centres inspected by Ofsted had achieved a 'good' or better rating, up from 76% at the same time the previous year.

Table 4.1.5 Children's centre populations registered and seen between September 2011 and August 2012

	Number of Children Registered at Children's Centres	Number of Children Registered and Seen	Number of Teenage Mothers Seen	Number of Teenage Fathers Seen	Number of Lone Parents Seen
Ashfield	5,703	3,028	175	6	573
Bassetlaw	3,639	2,919	157	13	503
Broxtowe	3,747	3,831	153	29	432
Gedling	3,231	3,029	98	6	396
Mansfield	3,834	3,035	153	20	515
Newark & Sherwood	3,652	2,722	106	11	297
Rushcliffe	2,093	1,215	44	5	193
County	**25,899**	**19,779**	**886**	**90**	**2,909**

Source: Nottinghamshire County Council, 2013
['Registered and seen' = registered at the centre where their home is, but may have been seen at any centre; 'Seen' = numbers seen at each centre, which means that a member may be counted more than once if they have attended activities at more than one centre.]

The coalition government has announced an expansion of the two year childcare pilot to create a free entitlement for the most disadvantaged two year olds from September 2013. In Nottinghamshire this will increase the current pilot to around

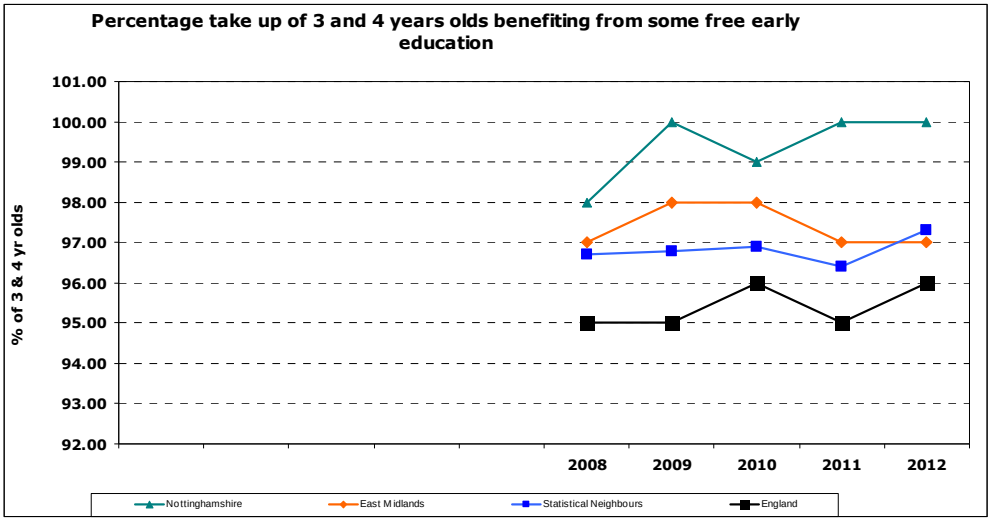
[2] The number of children aged 0-4 who are registered at a children's centre and who are living in each lower super output area (LSOA) with an IDACI score of 0.14 and above, expressed as a percentage of all children aged 0-4 living within each LSOA. The data is collated per children's centre designated area and is a snapshot each quarter.

1,900 children in September 2013 and in excess of 3,000 children in September 2014. These additional places will be targeted in Phase One (September 2013) at the 20% most disadvantaged children whose families satisfy the criteria for eligibility for free school meals and any looked after children.

Funding for the two year entitlement will transfer from the Early Intervention Grant to the Dedicated Schools Grant in 2013. This increase in funded places can only be delivered by the private, voluntary and independent sector, as schools cannot admit children aged under three years of age. The cost of delivering places to two year olds is significantly higher because of the high staff costs required by law to care for younger children. In a maintained school nurseries, the ratio is 2 staff:26 children aged 3-5 ; the ratio to provide care for two year olds is 1 staff:4 children. This will provide pressure upon settings to have more staff if they take more younger, funded children.

All three and four year olds are entitled to 15 hours of free nursery education for 38 weeks of the year. This applies until they reach compulsory school age (the term following their fifth birthday). Free early education places are available at a range of early years settings including nursery schools and classes, children's centres, day nurseries, play groups and pre-schools and childminders. Take up of free early education stands at 100% in Nottinghamshire (Figure 4.1.6), compared to 96% nationally.

Figure 4.1.6

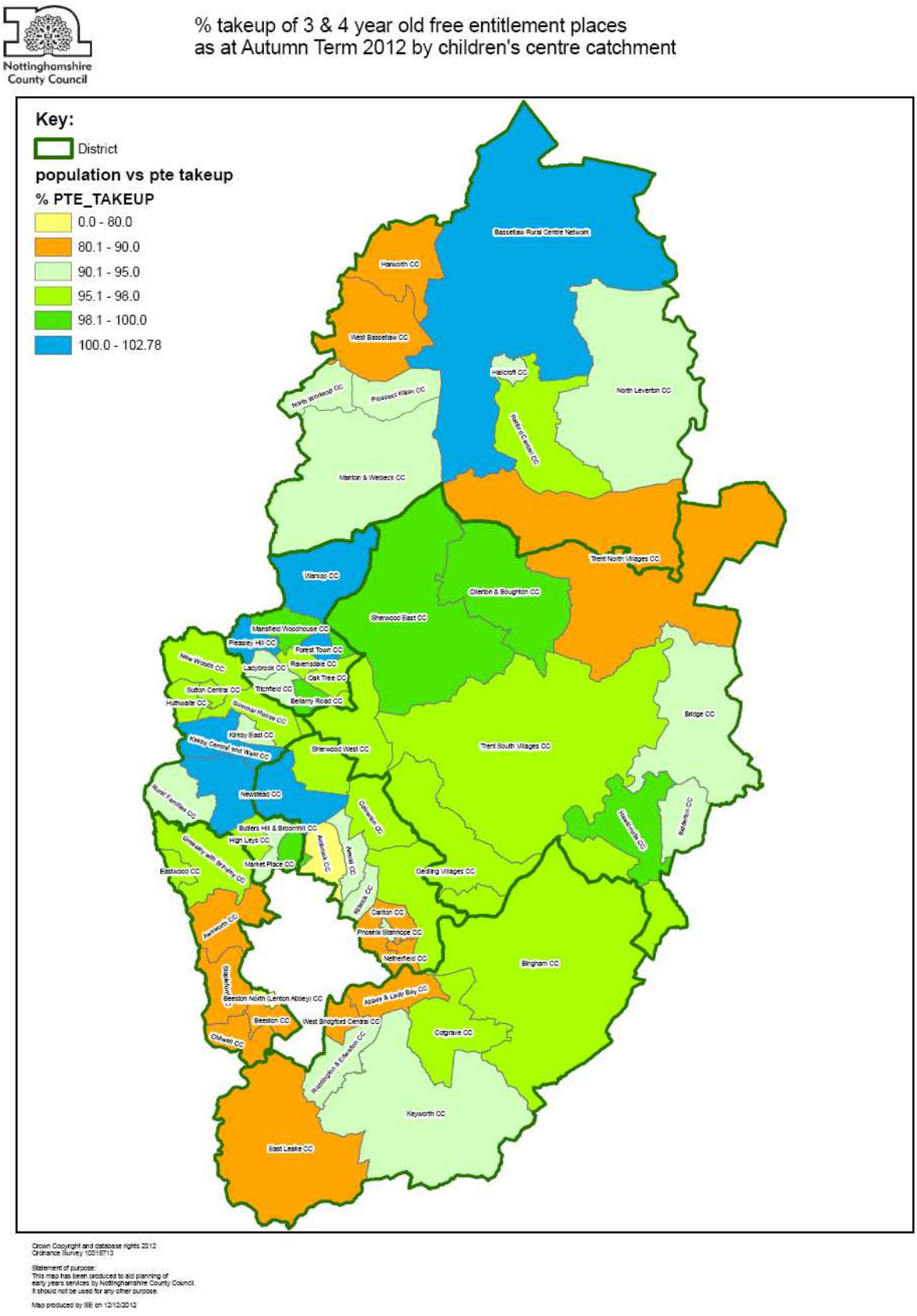


Source: DfE Local Area Interactive Tool, 2013

Figure 4.1.7 shows the take up of early years free entitlement places by children's centre catchment area. It is a comparison of the known population against the number of children living in each area accessing all or part of their early years free entitlement.

Future demand for childcare will be dictated by population growth, new housing developments and school build programmes. The majority of childcare gaps are geographical and by childcare type – i.e. there are some areas in the county where the full range of childcare type is not available. Some rural areas do not have sufficient demand to make group childcare provision viable, so childminder provision is heavily relied upon. There are also age gaps, where provision for older children is not as accessible. In many communities, informal childcare is being provided by extended family and friends, which can be considered as income gaps.

Figure 4.1.7



Source: Nottinghamshire County Council, 2013

4.2 School attendance[3] (last updated March 2013)

Key Messages

1. Overall absence in primary, secondary and special schools in Nottinghamshire has been on a downward trend since 2003, in line with statistical and regional neighbours and the national average.

2. Absence rates in Nottinghamshire (2011/12) stand at 5.0% (4.0% authorised and 1.0% unauthorised), a reduction on the previous year. Persistent absence rates are slightly better than the national average (4.9% compared to 5.2%).

3. While authorised absence in primary schools has shown a downward trend since 2003, the percentage of half days missed through unauthorised absence has risen, though this reflects the national picture.

4. Authorised absence in secondary schools has shown a downward trend since 2003 and the percentage of half days missed through unauthorised absence has returned to its 2003 level, after having increased in recent years.

In 2011/12, overall school absence in primary, secondary and special schools in Nottinghamshire stood at 5.0% (Table 4.2.1), slightly below the national result of 5.1%. School absence in the county has been on a downward trend since 2003, in line with statistical and regional neighbours and the national average (Figure 4.2.2).

Table 4.2.1 Overall school absence (2011/12) (state funded primary, secondary and special schools)

		Percentage of half days missed[2]				
	Number of pupil enrolments[1]	Overall absence	Authorised absence	Unauthorised absence	Number of persistent absentees[3]	Percentage of persistent absentees[4]
All schools - Notts	94,745	5.0%	4.0%	1.0%	4,605	4.9%
All schools - England	6,411,085	5.1%	4.1%	1.0%	333,850	5.2%

Source: DfE Statistical First Release 10/2013

(1) Number of pupil enrolments in schools from start of the school year until 1 June 2012. Includes pupils on the school roll for at least one session who are aged between 5 and 15. Excludes boarders. Some pupils may be counted more than once (if they moved schools during the school year or are registered in more than one school).

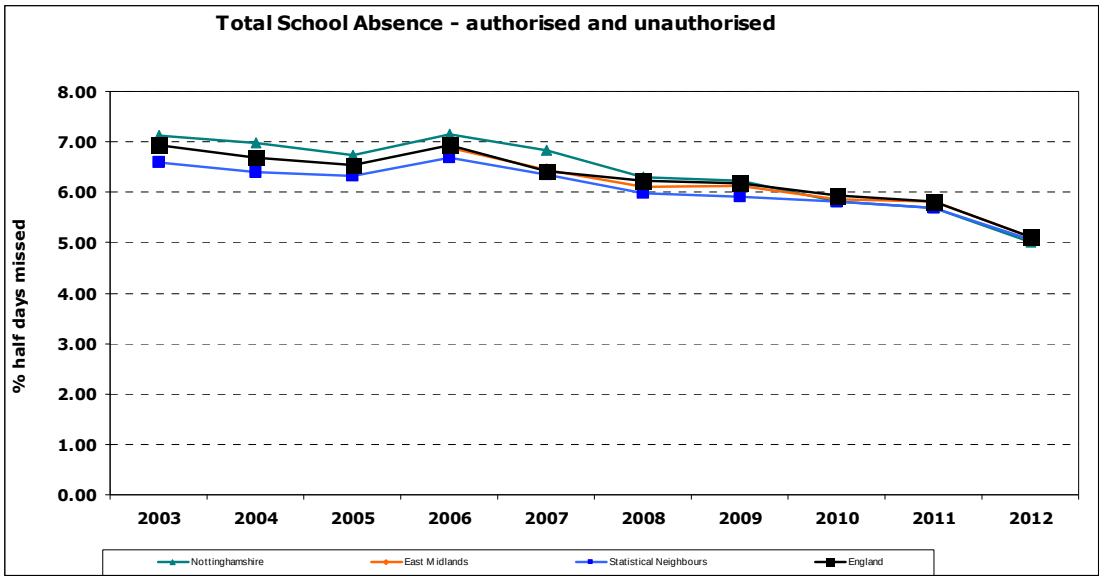
(2) The number of sessions missed due to authorised/unauthorised/overall absence expressed as a percentage of the total number of possible sessions.

(3) Persistent absentees are defined as having an overall absence rate of around 15% or more. This equates to 46 or more sessions of absence (authorised and unauthorised) during the year.

(4) Number of persistent absentees expressed as a percentage of the total number of enrolments.

[3] School attendance data was previously available by reason for absence, by geographic district and by vulnerable group (for example special educational needs pupils, free school meal pupils and black & minority ethnic pupils), but this is no longer the case, as the Local Authority does not routinely receive data from academies and is dependent on Department for Education releases which do not contain the above information.

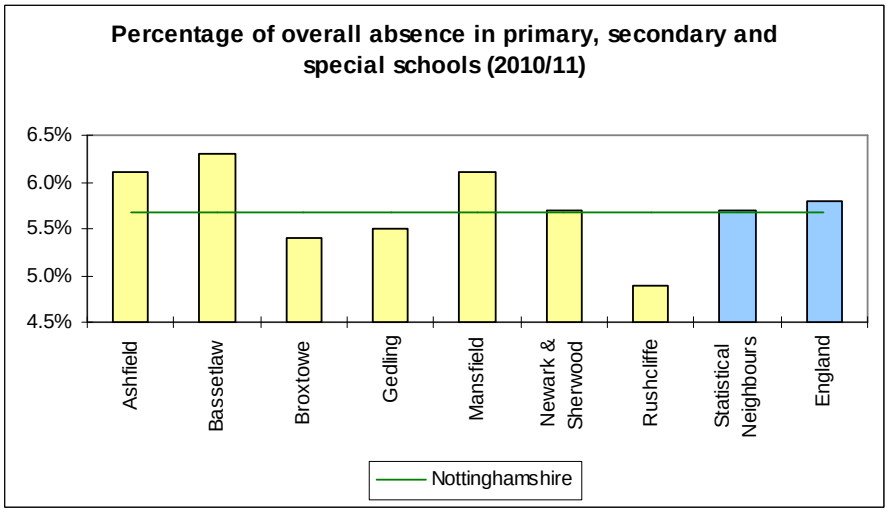
Figure 4.2.2 Overall school absence (2002/03 to 2011/12) (state funded primary, secondary and special schools)



Source: Local Area Interactive Tool, 2013

Levels of absence on a district basis (in 2010/11) can be seen in Figure 4.2.3, with Bassetlaw (6.30%), Mansfield and Ashfield (both 6.10%) above the county average (5.67%) and Rushcliffe well below (4.90%).

Figure 4.2.3



Source: Nottinghamshire County Council, 2013

Primary schools

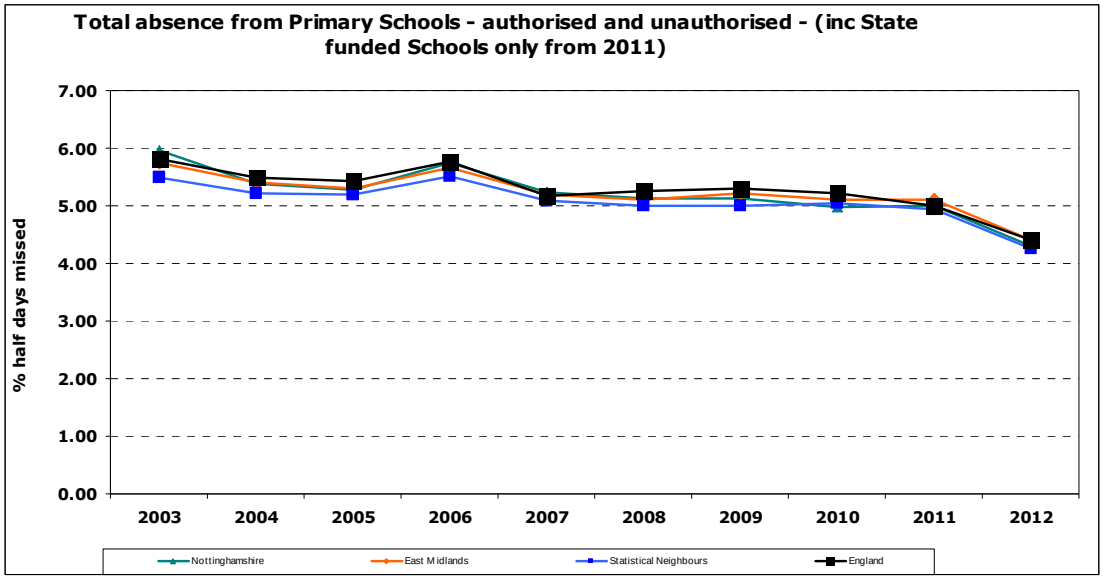
The percentage of half days missed due to absence in maintained primary schools in Nottinghamshire in the 2011/12 school year can be seen in Table 4.2.4. Overall absence in Nottinghamshire primary schools is slightly lower than the national average. While authorised absence in primary schools has shown a downward trend since 2003, the percentage of half days missed through unauthorised absence has risen, though this reflects the national picture (Figures 4.2.5 to 4.2.7).

Table 4.2.4 Absence in state funded primary schools (2011/12)

		Percentage of half days missed[3]				
	Number of pupil enrolments[2]	Overall absence	Authorised absence	Unauthorised absence	Number of persistent absentees[4]	Percentage of persistent absentees[5]
Primary – Notts [1]	50,269	4.3%	3.7%	0.6%	1,542	3.1%
Primary – England [1]	3,453,445	4.4%	3.7%	0.7%	108,385	3.1%

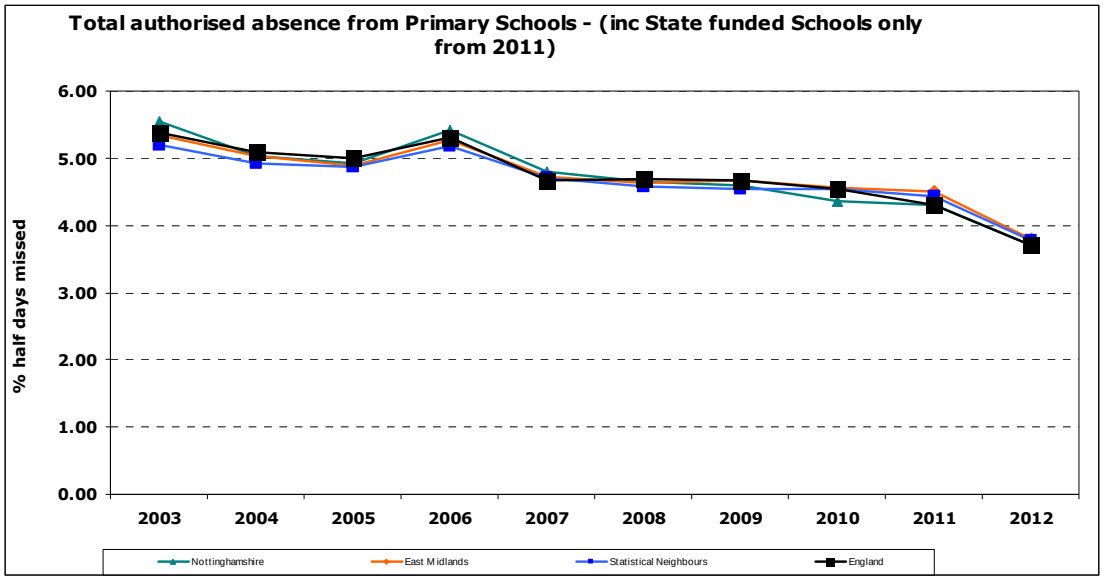
Source: DfE Statistical First Release 10/2013
(1) Primary schools include middle schools, primary academies and primary free schools.
(2) Number of pupil enrolments in schools from start of the school year until 1 June 2012. Includes pupils on the school roll for at least one session who are aged between 5 and 15. Excludes boarders. Some pupils may be counted more than once (if they moved schools during the school year or are registered in more than one school).
(3) The number of sessions missed due to authorised/unauthorised/overall absence expressed as a percentage of the total number of possible sessions.
(4) Persistent absentees are defined as having an overall absence rate of around 15% or more. This equates to 46 or more sessions of absence (authorised and unauthorised) during the year.
(5) Number of persistent absentees expressed as a percentage of the total number of enrolments.

Figure 4.2.5 Overall state funded primary school absence (2002/03 to 2011/12)



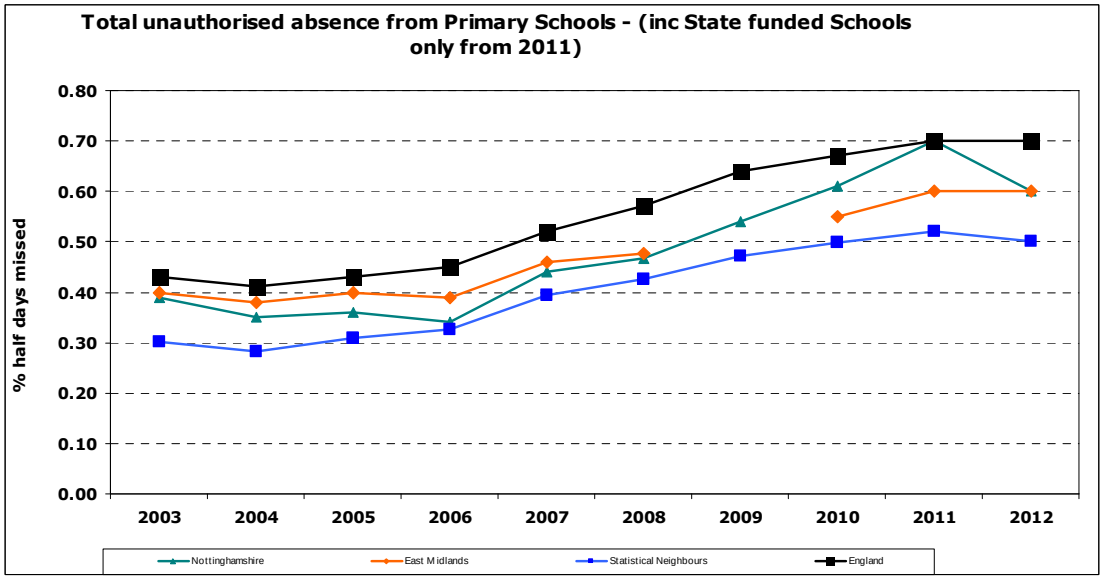
Source: Local Area Interactive Tool, 2013

Figure 4.2.6 Authorised state funded primary school absence (2002/03 to 2011/12)



Source: Local Area Interactive Tool, 2013

Figure 4.2.7 Unauthorised state funded primary school absence (2002/03 to 2011/12)



Source: Local Area Interactive Tool, 2013

Secondary schools

For maintained secondary schools in Nottinghamshire, the percentages of half days missed due to absence during the 2011/12 school year can be seen in Table 4.2.8. Overall absence in Nottinghamshire secondary schools is slightly lower than the national average. Authorised absence in secondary schools has shown a downward trend since 2003 and the percentage of half days missed through unauthorised

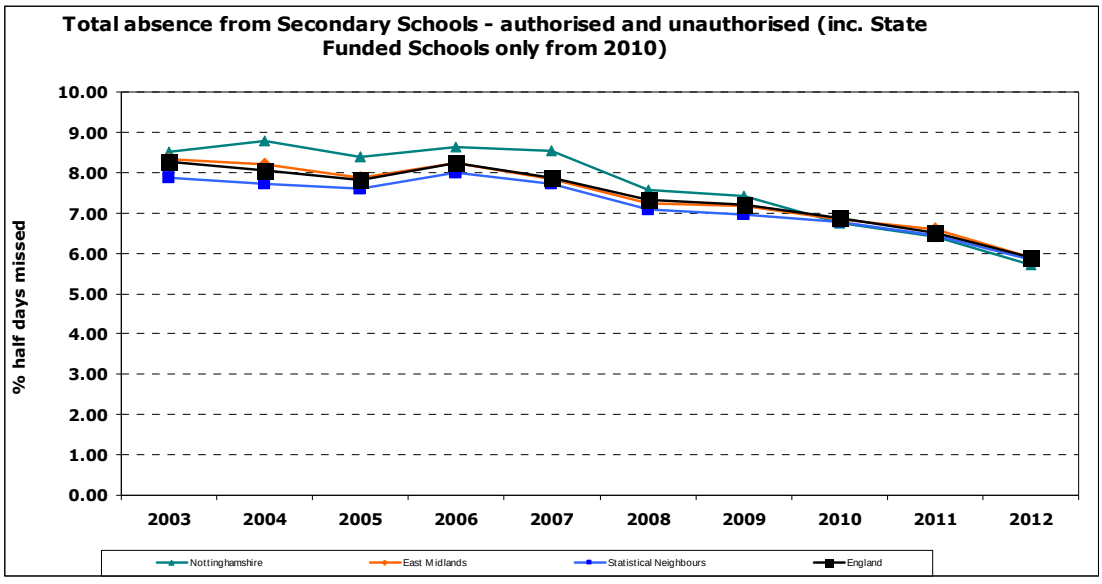
absence has returned to its 2003 level after having increased in recent years (Figures 4.2.9 to 4.2.11).

Table 4.2.8 Absence in state funded secondary schools (2011/12)

		Percentage of half days missed[3]				
	Number of pupil enrolments[2]	Overall absence	Authorised absence	Unauthorised absence	Number of persistent absentees[4]	Percentage of persistent absentees[5]
Secondary – Notts [1]	43,746	5.7%	4.2%	1.5%	2,940	6.7%
Secondary – England [1]	2,878,120	5.9%	4.6%	1.3%	212,495	7.4%

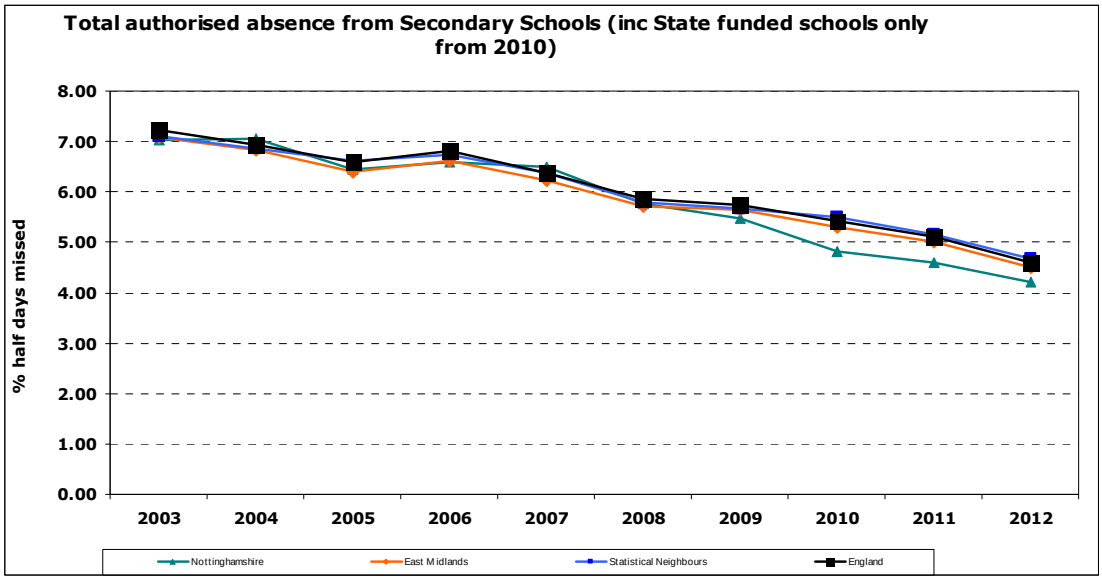
Source: DfE Statistical First Release 10/2013
(1) Includes city technology colleges and secondary academies, including free schools.
(2) Number of pupil enrolments in schools from start of the school year until 1 June 2012. Includes pupils on the school roll for at least one session who are aged between 5 and 15. Excludes boarders. Some pupils may be counted more than once (if they moved schools during the school year or are registered in more than one school).
(3) The number of sessions missed due to authorised/unauthorised/overall absence expressed as a percentage of the total number of possible sessions.
(4) Persistent absentees are defined as having an overall absence rate of around 15% or more. This equates to 46 or more sessions of absence (authorised and unauthorised) during the year.
(5) Number of persistent absentees expressed as a percentage of the total number of enrolments.

Figure 4.2.9 Overall state funded secondary school absence (2002/03 to 2011/12)



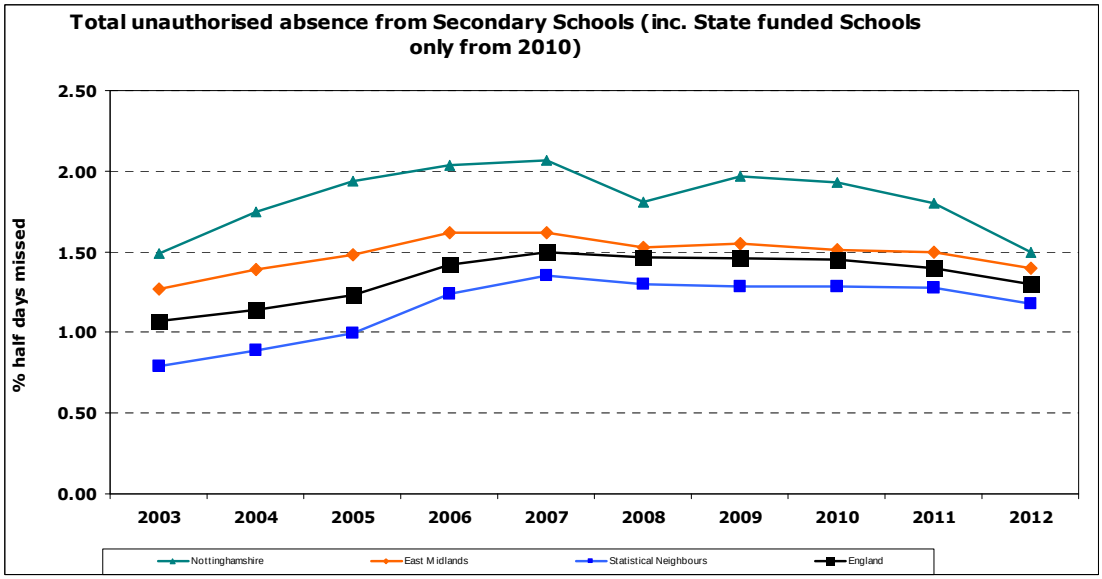
Source: Local Area Interactive Tool, 2013

Figure 4.2.10 Authorised state funded secondary school absence (2002/03 to 2011/12)



Source: Local Area Interactive Tool, 2013

Figure 4.2.11 Unauthorised state funded secondary school absence (2002/03 to 2011/12)



Source: Local Area Interactive Tool, 2013

Special schools

For special schools in Nottinghamshire, the percentage of half days missed due to absence during the 2011/12 school year can be seen in Table 4.2.12. Overall absence in Nottinghamshire special schools is slightly lower than the national average.

Table 4.2.12 Absence in maintained, non-maintained and academy special schools (2011/12)

		Percentage of half days missed[3]				
	Number of pupil enrolments[2]	Overall absence	Authorised absence	Unauthorised absence	Number of persistent absentees[4]	Percentage of persistent absentees[5]
Special – Notts [1]	730	9.4%	8.5%	0.8%	122	16.7%
Special – England [1]	79,520	9.6%	7.6%	2.0%	12,970	16.3%

Source: DfE Statistical First Release 10/2013
(1) Includes maintained special schools, non-maintained special schools and special academies. Excludes general hospital schools, independent special schools and independent schools approved for SEN pupils.
(2) Number of pupil enrolments in schools from start of the school year until 1 June 2012. Includes pupils on the school roll for at least one session who are aged between 5 and 15. Excludes boarders. Some pupils may be counted more than once (if they moved schools during the school year or are registered in more than one school).
(3) The number of sessions missed due to authorised/unauthorised/overall absence expressed as a percentage of the total number of possible sessions.
(4) Persistent absentees are defined as having an overall absence rate of around 15% or more. This equates to 46 or more sessions of absence (authorised and unauthorised) during the year.
(5) Number of persistent absentees expressed as a percentage of the total number of enrolments.

4.3 School exclusions[4] (last updated March 2013)

Key Messages

1. In Nottinghamshire in 2011/12, there were 122 permanent exclusions from schools, which represents 11 pupils in every 10,000, a slight increase on the previous year (12 more permanent exclusions).

2. There were 5,407 fixed period exclusions in 2011/12 (470 pupils in every 10,000), an increase of 537 exclusions on the previous year.

3. The permanent exclusion rate for boys in the county is 3.2 times higher than for girls and the fixed period exclusion rate is 2.4 times higher.

4. Pupils eligible for free school meals in Nottinghamshire are 5.1 times more likely to be permanently excluded and 3.3 times more likely to receive a fixed period exclusion than their peers. SEN pupils are 31.2 times more likely to be permanently excluded than the rest of the school population.

5. The highest rates of exclusion are in the 13-15 age range (67% of all school exclusions) and the most common reason for exclusion is persistent disruptive behaviour (45% of all exclusions).

Permanent exclusions

There were 122 permanent exclusions from primary, secondary and special schools in the 2011/12 academic year (Table 4.3.1 and Figure 4.3.2), which represents 0.11% of the number of pupils in schools (11 pupils in every 10,000). This is a slight increase on the previous year (by 0.01 percentage points or 12 permanent exclusions) but a decrease since 2007/08 (by 0.04 percentage points or 48 permanent exclusions).

Since 2007/08, Nottinghamshire's figures have been slightly worse than the national rate, though there is no national data for 2011/12 available yet. The vast majority of permanent exclusions were made by secondary schools (112 in 2011/12, compared to 10 from primary schools), and none were made by special schools. The rate of permanent exclusion in 2011/12 was greatest in Bassetlaw (32 exclusions, equivalent to 0.20% of pupils in schools) (Table 4.3.3) and Newark & Sherwood had the lowest rate (six exclusions, equivalent to 0.04% of pupils in schools).

[4] Data in this section is provisional until July 2013, as some exclusions may still be subject to appeal.

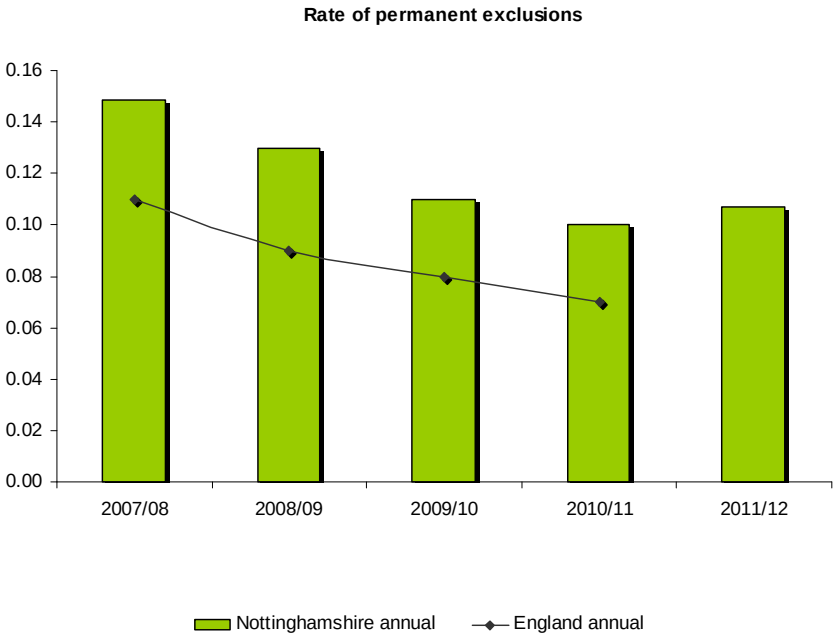
Table 4.3.1 Rate of permanent exclusions from schools (2007/08 - 2011/12)

	2007/08		2008/09		2009/10		2010/11		2011/12	
	Number	%	Number	%	Number	%	Number	%	Number	%
Nottinghamshire										
Primary	20	0.03	14	0.02	9	0.01	18	0.03	10	0.02
Secondary	150	0.29	126	0.24	121	0.24	95	0.19	112	0.23
Special	-	-	-	-	-	-	-	-	-	-
Total	**170**	**0.15**	**150**	**0.13**	**130**	**0.11**	**110**	**0.10**	**122**	**0.11**
England										
Primary	960	0.02	720	0.02	620	0.02	610	0.01	-	-
Secondary	6,680	0.21	5,700	0.17	5,020	0.15	4,370	0.13	-	-
Special	170	0.19	120	0.13	100	0.11	110	0.12	-	-
Total	**8,130**	**0.11**	**6,540**	**0.09**	**5,740**	**0.08**	**5,080**	**0.07**	**-**	**-**

Source: Nottinghamshire County Council, 2013

Note:
1. Number denotes the actual number of permanent exclusions
2. Percentages represent the number of exclusions as a percentage of the school population
3. Totals may not equal the sum of component parts because numbers have been rounded to the nearest 10 by the DfE
4. Figures for special schools in Nottinghamshire are unavailable because numbers are less than 6 and/or rates based on less than 6.
5. National data for 2011/12 is not yet available

Figure 4.3.2



Source: Nottinghamshire County Council, 2013

Table 4.3.3 Permanent exclusions 2011/12 by district

	Percentage of school population excluded
Primary	0.02%
Secondary	0.14%
Ashfield Total	**0.06%**
Primary	0.03%
Secondary	0.39%
Bassetlaw Total	**0.20%**
Primary	-
Secondary	0.25%
Broxtowe Total	**0.11%**
Primary	0.01%
Secondary	0.33%
Gedling Total	**0.16%**
Primary	0.03%
Secondary	0.16%
Mansfield Total	**0.10%**
Primary	-
Secondary	0.10%
Newark & Sherwood Total	**0.04%**
Primary	0.01%
Secondary	0.19%
Rushcliffe Total	**0.09%**
Primary	0.02%
Secondary	0.23%
Nottinghamshire Total	**0.11%**

Source: Nottinghamshire County Council, 2013
[Note: District totals included number on roll in nursery and special schools to give an overall rate of permanent exclusions by district, even though there were no permanent exclusions in nursery or special schools in Nottinghamshire in 2011/12.]

Fixed period exclusions

There were 5,407 fixed period exclusions from primary, secondary and special schools in the 2011/12 academic year, which represents 4.7% of the number of pupils in schools (Table 4.3.4). This is an increase on 2010/11 of 537 fixed period exclusions and is broadly in line with the national rate[5]. As with permanent exclusions, the majority were enforced by secondary schools (90%). The highest overall fixed period exclusion rate was in Bassetlaw (13.6% of the number of pupils in schools, or 2,233 exclusions) and the lowest in Gedling (2.2% of the number of pupils in schools, or 346 exclusions).

Table 4.3.4 Fixed period exclusions by district (2011/12)

	Percentage of school population			
School Phase	Fixed 1-5	Fixed 6-15	Fixed 16-45	**Total**
Primary	1.2%	-	-	**1.2%**
Secondary	7.5%	0.08%	0.01%	**7.6%**
Special	2.0%	-	-	**2.0%**
Ashfield Total	**3.5%**	**0.029%**	**0.00%**	**3.5%**
Primary	0.7%	-	-	**0.7%**
Secondary	29.1%	0.12%	0.01%	**29.2%**
Special	4.3%	-	-	**4.3%**
Bassetlaw Total	**13.6%**	**0.05%**	**0.01%**	**13.6%**
Primary	0.6%	-	-	**0.6%**
Secondary	6.1%	0.37%	-	**6.5%**
Special	1.0%	-	-	**1.0%**
Broxtowe Total	**3.1%**	**0.16%**	**-**	**3.3%**
Primary	0.9%	-	-	**0.9%**
Secondary	3.2%	0.20%	0.01%	**3.4%**
Special	6.3%	-	-	**6.3%**
Gedling Total	**2.0%**	**0.09%**	**0.01%**	**2.2%**
Primary	0.8%	-	-	**0.9%**
Secondary	4.8%	0.22%	-	**5.1%**
Special	8.0%	2.87%	-	**10.9%**
Mansfield Total	**2.8%**	**0.13%**	**-**	**3.0%**
Primary	0.9%	0.01%	-	**1.0%**
Secondary	7.5%	0.17%	0.03%	**7.7%**
Special	4.6%	-	-	**4.6%**
Newark & Sherwood Total	**3.6%**	**0.08%**	**0.01%**	**3.7%**
Primary	0.1%	-	-	**0.10%**
Secondary	7.9%	0.16%	0.01%	**8.1%**
Special	-	-	-	**-**
Rushcliffe Total	**3.6%**	**0.07%**	**0.01%**	**3.7%**
Primary	0.8%	0.002%	-	**0.8%**
Secondary	9.6%	0.18%	0.01%	**9.8%**
Special	4.2%	0.57%	-	**4.8%**
Nottinghamshire Total	**4.6%**	**0.09%**	**0.005%**	**4.7%**

Source: Nottinghamshire County Council, 2013
[Note: Vertical 'Total' column includes "Lunchtime only", "Withdrawn" and "Reinstated from permanent exclusions"]

[5] 2010/11 national rate. National data for 2011/12 is not yet available.

Characteristics of excluded pupils - gender

The permanent exclusion rate for boys is 3.2 times higher than for girls, compared to 3.9 in 2010/11 (Table 4.3.5 and Figures 4.3.6 & 4.3.7). Boys accounted for 77% of permanent exclusions, a decrease from 92.7% in the previous year. The fixed period exclusion rate for boys is 2.4 times higher than for girls, compared with 2.9 in 2010/11. Boys accounted for 71.1% of fixed period exclusions.

Table 4.3.5 Exclusions by gender

	2009/10				2010/11				2011/12			
	Permanent		Fixed period		Permanent		Fixed period		Permanent		Fixed period	
Gender	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Nottinghamshire												
Male	94	0.16	4,145	7.1	102	0.17	3,564	6.1	94	0.16	3,847	6.6
Female	37	0.07	1,140	2.0	25	0.04	1,169	2.1	28	0.05	1,560	2.8
Total	**130**	**0.11**	**5,400**	**4.7**	**110**	**0.10**	**4,870**	**4.3**	**122**	**0.11**	**5,407**	**4.7**
England												
Male	4,460	0.12	247,550	6.5	3,910	0.10	242,030	6.4	-	-	-	-
Female	1,270	0.03	83,830	2.3	1,170	0.03	82,070	2.2	-	-	-	-
Total	**5,740**	**0.08**	**331,380**	**4.5**	**5,080**	**0.07**	**324,110**	**4.3**	**-**	**-**	**-**	**-**

Source: Nottinghamshire County Council, 2013
[Totals are DfE published figures and gender breakdown is provisional local data, so figures may not sum.]

Figure 4.3.6

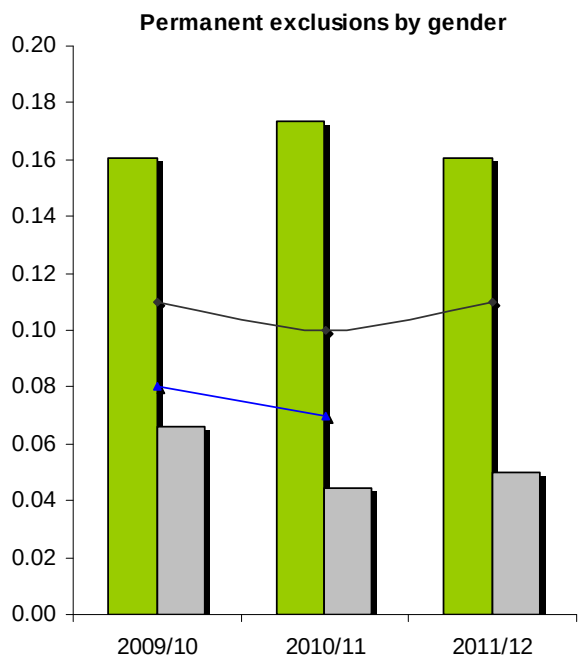
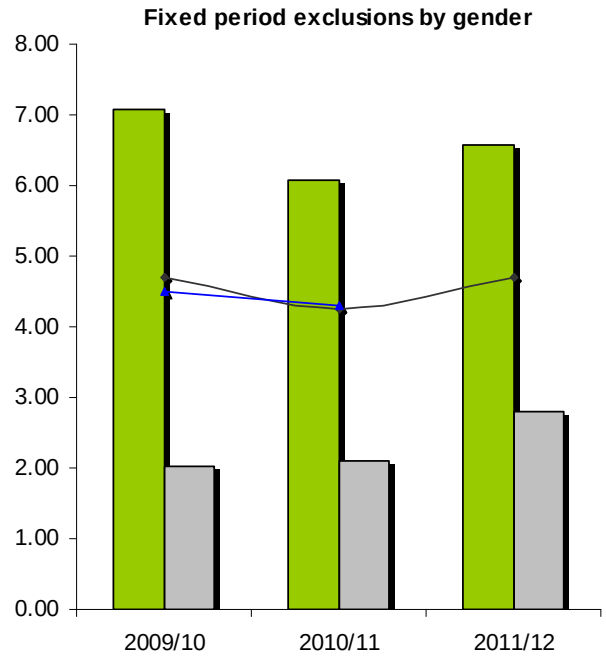
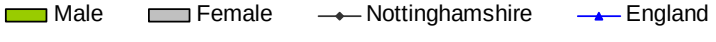


Figure 4.3.7





Source: Nottinghamshire County Council, 2013

Characteristics of excluded pupils – free school meals

Pupils eligible for free school meals (FSM) are 5.1 times more likely to be permanently excluded from school than the rest of the school population (Table 4.3.8 and Figures 4.3.9 & 4.3.10). Eligible pupils account for 45.1% of permanent exclusions compared with 55.5% in 2010/11. 35 in every 10,000 pupils eligible for FSM were permanently excluded from school, compared to seven in every 10,000 pupils not eligible for FSM. Pupils eligible for FSM are 3.3 times more likely to receive a fixed period exclusion, broadly in line with the national rate (which was 3.2 times more likely in 2010/11).

Table 4.3.8 Exclusions by free school meal (FSM) eligibility

	2009/10				2010/11				2011/12			
	Permanent		Fixed period		Permanent		Fixed period		Permanent		Fixed period	
FSM eligibility	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Nottinghamshire												
Eligible	42	0.29	1,807	12.6	61	0.41	1,712	11.4	55	0.35	1,896	11.9
Non-eligible	89	0.09	3,478	3.5	66	0.07	3,021	3.0	67	0.07	3,511	3.6
Total	**130**	**0.11**	**5,400**	**4.7**	**110**	**0.10**	**4,870**	**4.3**	**122**	**0.11**	**5,407**	**4.7**
England												
Eligible	2,370	0.20	123,000	10.2	2,170	0.17	126,720	10.1	-	-	-	-
Non-eligible	3,330	0.05	207,480	3.3	2,870	0.05	196,810	3.2	-	-	-	-
Total	**5,740**	**0.08**	**331,380**	**4.5**	**5,080**	**0.07**	**324,110**	**4.3**	**-**	**-**	**-**	**-**

Source: Nottinghamshire County Council, 2013
[Totals are DfE published figures and gender breakdown is provisional local data, so figures may not sum.]

Figure 4.3.9

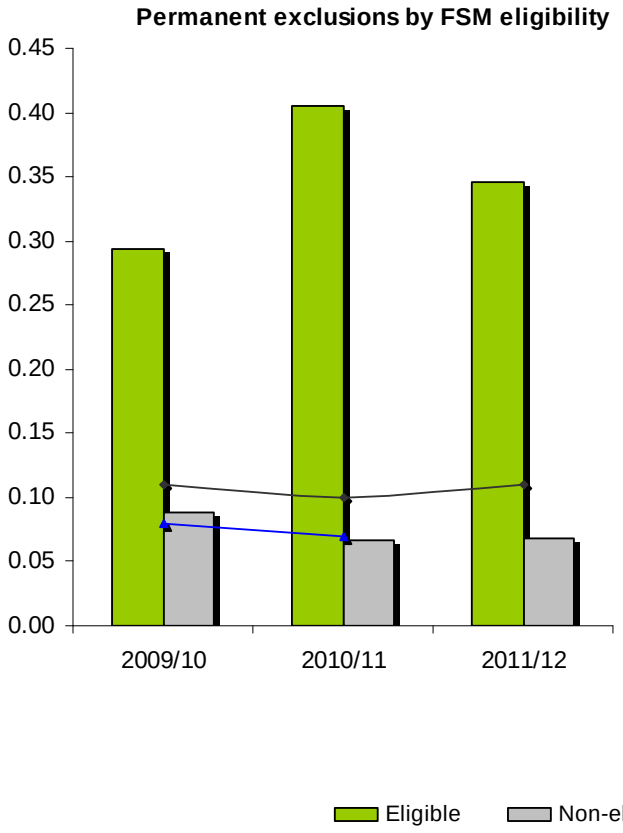
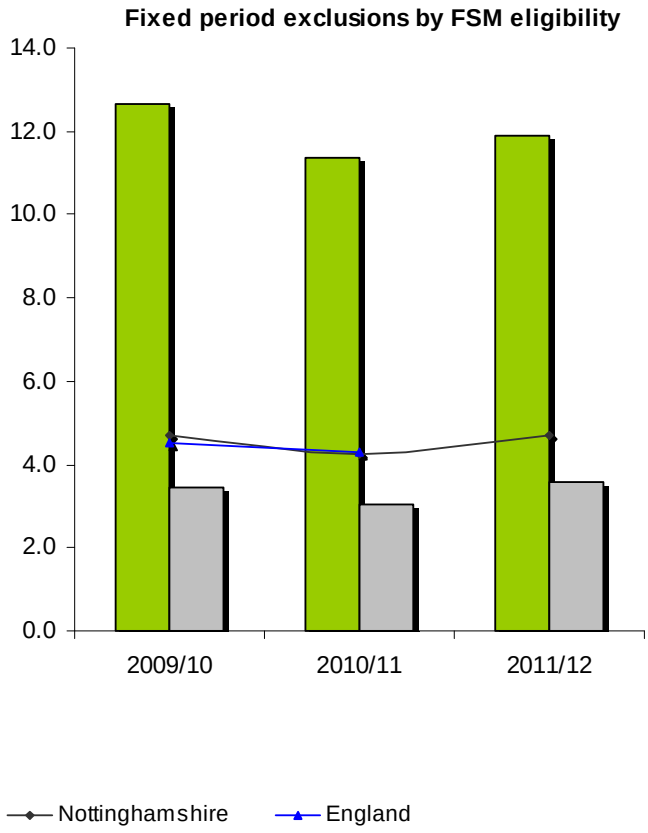


Figure 4.3.10



Characteristics of excluded pupils – special educational needs

Pupils with special educational needs (SEN) are 31.2 times more likely to be permanently excluded from school than the rest of the school population, up from 17.4 in 2010/11 (Table 4.3.11). In 2011/12, 117 in every 10,000 pupils with Statements of SEN and 49 in every 10,000 with SEN without Statements were permanently excluded. This compares to two in every 10,000 pupils with no SEN. The fixed period exclusion rate for pupils with SEN is 8.8 times higher than pupils with no SEN.

Table 4.3.11 Exclusions by Special Educational Need (SEN) status

	2009/10				2010/11				2011/12			
	Permanent		Fixed period		Permanent		Fixed period		Permanent		Fixed period	
SEN Status	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Nottinghamshire												
Statement	16	1.3	390	32.2	21	1.7	287	23.2	15	1.2	203	15.9
SEN	91	0.4	3,322	15.2	82	0.4	3,052	14.2	91	0.5	3,316	17.7
No SEN	24	0.03	1,573	1.7	24	0.03	1,394	1.5	16	0.02	1,888	2.0
Total	**130**	**0.11**	**5,400**	**4.7**	**110**	**0.10**	**4,870**	**4.3**	**122**	**0.11**	**5,407**	**4.7**
Statement	420	0.20	37,140	17.7	430	0.2	36,740	17.6	-	-	-	-
SEN	3,840	0.27	180,350	12.9	3,360	0.25	174,320	12.8	-	-	-	-
No SEN	1,470	0.03	113,880	2.0	1,300	0.02	113,050	1.9	-	-	-	-
Total	**5,740**	**0.08**	**331,380**	**4.5**	**5,080**	**0.07**	**324,110**	**4.3**	**-**	**-**	**-**	**-**

Source: Nottinghamshire County Council, 2013
[Totals are DfE published figures and SEN/non-SEN breakdown is provisional local data, so figures may not sum.]

Characteristics of excluded pupils - age

The highest rates of exclusion in 2011/12 were in the age range 13-15, with 67% of all exclusions (Table 4.3.12). The highest percentage of exclusions was given to pupils aged 15, which impacted 830 out of every 10,000 of the Nottinghamshire school population.

Table 4.3.12 Exclusions by age (2011/12)

	Percentage of school population					
Age	Fixed 1-5 days	Fixed 6-15 days	Fixed 16-45 days	Permanent	**Total**	**Percentage of all exclusions**
Nottinghamshire						
4	0.03	-	-	-	0.03	**0.1**
5	0.11	-	-	-	0.11	**0.3**
6	0.2	-	-	-	0.2	**0.7**
7	0.3	-	-	-	0.3	**0.8**
8	0.4	-	-	0.02	0.5	**1.4**
9	0.6	0.01	-	0.01	0.7	**1.8**
10	0.8	-	-	0.02	0.9	**2.5**
11	1.9	0.06	-	0.04	2.1	**6.0**
12	3.7	0.13	0.01	0.09	3.9	**11.8**
13	5.6	0.08	-	0.14	5.9	**18.2**
14	6.8	0.13	0.01	0.24	7.2	**22.7**
15	8.0	0.14	0.01	0.11	8.3	**26.3**
16	5.0	0.07	0.03	0.07	5.2	**7.2**
17	0.2	-	-	-	0.2	**0.2**
18	0.1	-	-	-	0.1	**0.0**
Total	**4.6**	**0.08**	**0.01**	**0.11**	**4.8**	**100.0**

Source: Nottinghamshire County Council, 2013
[Note: Total includes "Lunchtime only", "Withdrawn" and "Reinstated from permanent" exclusions.]

Characteristics of excluded pupils - ethnicity

The ethnic groups with the highest rate of exclusion are Traveller of Irish Heritage and Gypsy/Roma, with 5.8% and 5.3% respectively of the school population receiving an exclusion in 2011/12 (Table 4.3.13). The next highest groups are White & Black Caribbean and Black Caribbean (both 3.9%). The ethnic group with the lowest rate is Chinese (0.3%).

Table 4.3.13 Exclusions by ethnicity in Nottinghamshire (2011/12)

	Percentage of school population					
Ethnicity	Fixed 1-5 days	Fixed 6-15 days	Fixed 16-45 days	Permanent	**Total**	**Percentage of all exclusions**
Any other Asian background	0.4	-	-	0.05	0.4	**0.1**
Any other Black background	1.5	0.3	-	-	1.8	**0.1**
Any other ethnic group	0.7	-	-	0.1	0.9	**0.1**
Any other Mixed background	1.5	0.21	-	0.04	1.8	**0.9**
Any other White background	1.4	0.07	-	0.05	1.5	**1.7**
Black African	2.0	-	-	0.13	2.1	**0.3**
Black Caribbean	3.8	-	-	0.15	3.9	**0.5**
Chinese	0.3	-	-	-	0.3	**0.0**
Gypsy/Roma	5.1	-	-	-	5.3	**0.4**
Indian	0.5	-	-	-	0.5	**0.2**
Mixed White/Asian	1.1	-	-	0.14	1.2	**0.3**
Mixed White/Black African	2.4	-	-	0.16	2.5	**0.3**
Mixed White/Black Caribbean	3.6	0.14	-	0.18	3.9	**2.0**
Pakistani	0.8	-	-	-	0.8	**0.3**
Traveller of Irish Heritage	5.8	-	-	-	5.8	**0.1**
Unclassified	1.6	0.1	-	0.1	1.7	**1.0**
White British	2.4	0.04	0.003	0.05	2.5	**91.7**
White Irish	1.0	-	-	0.26	1.3	**0.1**
Total	**4.6**	**0.08**	**0.01**	**0.11**	**4.8**	**100.0**

Source: Nottinghamshire County Council, 2013
[Note: Total includes “Lunchtime only”, “Withdrawn” and “Reinstated from permanent” exclusions.]

Reasons for exclusion

The most common reason for exclusion from school in 2011/12 in Nottinghamshire (Table 4.3.14) was persistent disruptive behaviour, which accounted for 44.6% of all exclusions and 39.3% of permanent exclusions. The next most common categories were physical assault against a pupil (14.4% of all exclusions) and verbal assault against an adult (14.1% of all exclusions).

Table 4.3.14 Reasons for exclusions in Nottinghamshire (2011/12)

	Percentage of all exclusions				
Primary Reason	Fixed 1-5 days	Fixed 6-15 days	Fixed 16-45 days	Permanent	**Total**
Nottinghamshire					
Bullying	0.7	1.0	16.7	0.8	0.8
Damage	1.4	5.2	-	-	1.4
Drugs and Alcohol	1.3	7.2	-	1.6	1.4
Other	14.6	10.3	33.3	18.9	14.7
Persistent Disruptive Behaviour	45.2	32.0	16.7	39.3	44.6
Physical Assault on an Adult	3.3	6.2	16.7	10.7	3.6
Physical Assault on a Pupil	14.3	12.4	16.7	15.6	14.4
Racist Abuse	1.2	1.0	-	0.8	1.2
Sexual Misconduct	0.5	-	-	0.8	0.5
Theft	1.2	2.1	-	-	1.2
Verbal Assault on an Adult	14.2	21.6	-	7.4	14.1
Verbal Assault on a Pupil	2.0	1.0	-	4.1	2.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Source: Nottinghamshire County Council, 2013

[Note: This table expresses the number of exclusions as a percentage of all exclusions and not as a percentage of the school population. The figures are to be read vertically, i.e. the number of exclusions is broken down by reason which aggregate to make 100%. Total includes “Lunchtime only”, “Withdrawn” and “Reinstated from permanent” exclusions.]

4.4 Quality of education provision (last updated March 2013)

Key Messages

1. In 2011/12, there were 11 Nottinghamshire schools where fewer than 60% of pupils achieved Level 4 or above in both English and mathematics at Key Stage 2. This is a decrease from 19 in 2010/11.

2. In 2011/12, there were three schools in which fewer than 40% of pupils achieved five or more A*-C grades at GCSE. This represents a positive downward trend since 2008, when there were 20 schools at this level.

3. 71% of all Nottinghamshire schools were graded as good or outstanding for overall effectiveness as at 31 August 2012, just above the national average (70%). 3% of schools were classed as inadequate as at 31 August 2012, exactly in line with the national average.

4. 91% of all Nottinghamshire schools were graded as good or outstanding for behaviour as at 31 August 2012, just above the national average (90%). 1% were inadequate, exactly in line with the national average.

5. Average class sizes at Key Stage 1 in 2012 were 26.2 pupils, and at Key Stage 2 they were 27.0 pupils.

Schools below the minimum 'floor' target

In 2010/11, there were 19 Nottinghamshire schools where fewer than 60% of pupils achieved Level 4 or above in both English and mathematics at Key Stage 2. 2011/12 data indicates this figure has fallen to 11 schools. At Key Stage 4, a new minimum floor target was set for 2011/12 of 40% (an increase from the previous target of 35%) of pupils within schools gaining five or more GCSEs at grade A* - C (or equivalent), including English and mathematics. Table 4.4.1 details the number of Nottinghamshire schools falling below all floor target measures (30%, 35% and the new 40% floor target measure) over the past five years. The trend is positive - the number of schools in 2011/12 below 40% has reduced to three, down from 20 in 2008.

Table 4.4.1 Number of Nottinghamshire schools falling below the floor target measures

	Academic year end				
	2008	**2009**	**2010**	**2011**	**2012**
Below 30% (Old floor target)	7	5	0	0	0
Below 35% (Old floor target)	16	10	5	0	0
Below 40% (New floor target)	20	15	10	3	3

Source: Nottinghamshire County Council, 2013 [Shading shows which measure applies to each year. Table shows attainment outcomes only, progress is excluded.]

The three schools are:

- Queen Elizabeth's Academy - 36.4% (Mansfield district)
- Kirkby College - 37.3% (Ashfield district)
- Holgate School - 39.2% (Ashfield district)

Office for Standards in Education (Ofsted) judgements

Most recent Ofsted data indicates that at 31 August 2012, 19% of the county's schools were classed as outstanding, compared with the national figure of 21% (Table 4.4.2). This represented a slight increase on the previous year. In terms of the behaviour of pupils (Table 4.4.3), 33% of all Nottinghamshire's schools were graded outstanding as at 31 August 2012.

Table 4.4.2 Ofsted judgements for overall effectiveness in all schools

		Nottinghamshire	England
As at 31 August 2012	Outstanding	19%	21%
	Good	52%	49%
	Satisfactory	26%	28%
	Inadequate	3%	3%
As at 31 August 2011	Outstanding	18%	20%
	Good	52%	50%
	Satisfactory	27%	28%
	Inadequate	3%	2%

Source: Ofsted, 2013

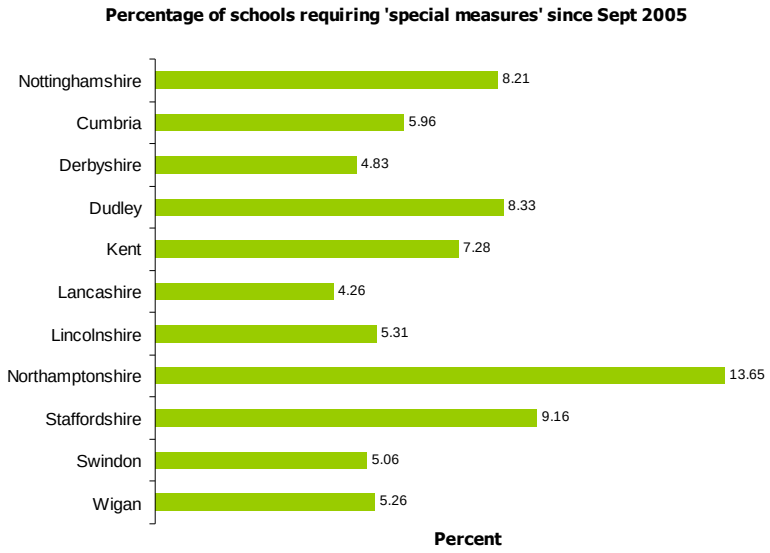
Table 4.4.3 Ofsted judgements for behaviour in all schools

		Nottinghamshire	England
As at 31 August 2012	Outstanding	33%	34%
	Good	58%	56%
	Satisfactory	8%	9%
	Inadequate	1%	1%
As at 31 August 2011	Outstanding	32%	37%
	Good	58%	55%
	Satisfactory	9%	7%
	Inadequate	1%	0%

Source: Ofsted, 2013

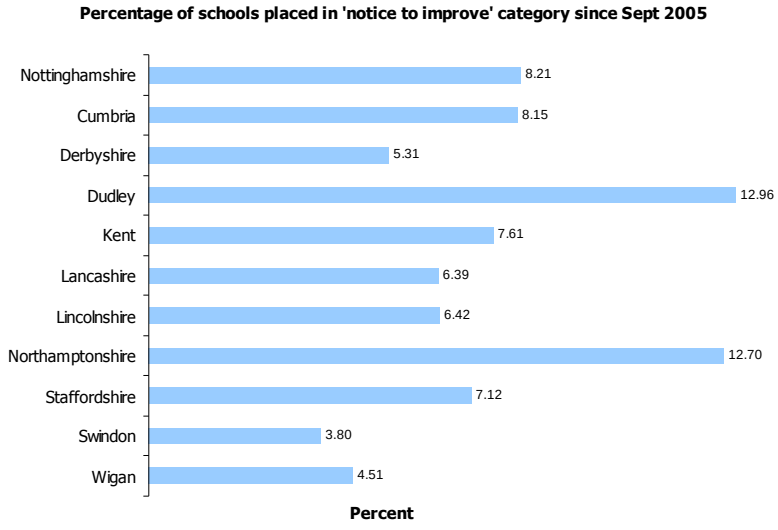
Since September 2005, 8.21% of Nottinghamshire schools have required 'special measures' (Figure 4.4.4), which ranks Nottinghamshire eighth out of its eleven statistical neighbours. In addition, 8.21% of schools have been under 'notice to improve' since September 2005 (Figure 4.4.5), making Nottinghamshire ninth out of its statistical neighbours.

Figure 4.4.4



Source: Nottinghamshire County Council, 2013

Figure 4.4.5



Source: Nottinghamshire County Council, 2013

Class size

Class sizes can influence the quality of education provision, especially if a class is unduly large. Current Nottinghamshire class sizes average 26.2 pupils per class at Key Stage 1 and 27.0 pupils per class at Key Stage 2 (Tables 4.4.6 and 4.4.7), a slight increase in both key stages since 2010 (which were 25.9 and 26.7 respectively). 2.8% of classes at Key Stage 1 contain 31 pupils or more (compared to 2.0% in 2010). At Key Stage 2, 18.6% of classes contain 31-35 pupils (up from 15.6% in 2010), and 0.6% contain 36 or more pupils (down from 0.8% in 2010).

Table 4.4.6 Key Stage 1 classes

	2012	2010
Average Class Size	**26.2**	**25.9**
Total number of classes	793	556
Total number of pupils	20,760	14,418
Classes with 1 to 30 pupils		
Number of classes	771	545
Percentage of all classes	97.2%	98.0%
Number of Pupils	20,076	14,062
Percentage of pupils	96.7%	97.5%
Large Classes (Classes of 31 or more pupils)		
Number of Classes	22	11
Percentage of all classes	2.8%	2.0%
Number of Pupils	684	356
Percentage of pupils	3.3%	2.5%

Source: School Census, 2012

Table 4.4.7 Key Stage 2 classes

	2012	2010
Average Class Size	**27.0**	**26.7**
Total number of classes	952	1,043
Total number of pupils	25,660	27,895
Percentage of classes with		
1-30 pupils	80.8%	83.6%
31-35 pupils	18.6%	15.6%
36 or more pupils	0.6%	0.8%
Percentage of pupils in classes with		
1-30 pupils	77.0%	79.9%
31-35 pupils	22.1%	19.0%
36 or more pupils	0.9%	1.1%

Source: School Census, 2012

4.5 Educational attainment (last updated March 2013)

Key Facts

1. At Key Stage 1 in 2011/12, Nottinghamshire pupils scored at or above the national average and ranked moderately against statistical neighbours at both Level 2 and Level 3.

2. At Key Stage 2 in 2011/12, pupils were above the national average and ranked third out of 11 statistical neighbours at Level 4 English and mathematics.

3. At Key Stage 3 in 2011/12, performance increased in English, mathematics and science on the previous year, with Nottinghamshire achieving at or above the national average at both Levels 5 and 6.

4. At Key Stage 4 in 2011/12, 60.6% of pupils achieved 5+ A*-C GCSE grades including English and mathematics, above the national average for the first time since the measure was introduced in 2006.

5. The achievement gap between pupils eligible for free school meals and their peers at Key Stage 4 has reduced for the second year in a row. However, the achievement gap for SEN/non-SEN pupils has increased slightly since last year.

6. At Key Stage 5, attainment in Nottinghamshire at A level is currently below the England average and has been for several years.

7. There is a substantial gap between educational outcomes for looked after children and the rest of the young population both locally and nationally.

Key Stage 1

This sub-section provides information on the achievements of eligible pupils (typically seven year olds) in the 2012 National Curriculum assessments at Key Stage 1 (KS1). The figures are based on teacher assessments, which measure pupil attainment against the levels set by the National Curriculum. These have been designed so that most pupils will progress by approximately one level every two years, which means that by the end of KS1, pupils are expected to reach Level 2.

Overall there is a positive message for Nottinghamshire at KS1. At Level 2 or above in 2011/12 (Table 4.5.1), the county was in line with or above the national average across all subjects (reading, writing, mathematics and science), and ranked fifth (sixth in reading) out of eleven statistical neighbours. The county's girls out-performed boys significantly in reading (+8%) and writing (+10%), but less so in mathematics (+3%) and science (+3%).

Comparisons between 2010/11 and 2011/12 for Level 2 and above show that in:

- reading there was a one percentage point increase
- writing there was a two percentage point increase

- mathematics there was a one percentage point increase
- science the results remained stable.

Table 4.5.1 Percentage of pupils achieving Key Stage 1 Level 2+ (2011/12)

LA (Level 2+)	Reading		Writing		Maths		Science	
	All	Ranking	All	Ranking	All	Ranking	All	Ranking
National	87		83		91		89	
Nottinghamshire	87	6	84	5	91	5	90	5
Derbyshire	89	1	87	1	93	1	93	1
Staffordshire	89	1	87	1	92	2	91	2
Lancashire	85	11	82	8	89	11	89	6
Cumbria	87	6	84	5	91	5	91	2
Northamptonshire	88	3	85	3	92	2	91	2
Swindon	88	3	85	3	92	2	89	6
Kent	86	8	82	8	91	5	89	6
Dudley	88	3	84	5	91	5	88	11
Wigan	86	8	82	8	90	9	89	6
Lincolnshire	86	8	82	8	90	9	89	6

Source: DfE Statistical First Release 21/2012

At Level 3 or above (Table 4.5.2), Nottinghamshire was again above the national average across all subjects and ranked well against statistical neighbours. 28% of pupils achieved Level 3 or above in reading (27% in 2010/11), 15% in writing (13% in 2010/11), 23% in mathematics (22% in 2010/11) and 24% in science (23% in 2011/12). Girls out-performed boys in reading (+9%) and writing (+10%), but boys did better in mathematics (+5%) and science (+4%).

Table 4.5.2 Percentage of pupils achieving Key Stage 1 Level 3+ (2011/12)

LA (Level 3+)	Reading		Writing		Maths		Science	
	All	Ranking	All	Ranking	All	Ranking	All	Ranking
National	27		14		22		21	
Nottinghamshire	28	4	15	4	23	2	24	3
Derbyshire	33	1	18	1	28	1	29	1
Staffordshire	29	2	16	2	23	2	27	2
Lancashire	26	10	14	6	22	5	21	6
Cumbria	27	6	12	10	21	9	20	10
Northamptonshire	28	4	16	2	23	2	24	3
Swindon	29	2	14	6	22	5	22	5
Kent	27	6	13	9	21	9	21	6
Dudley	27	6	15	4	22	5	21	6
Wigan	24	11	12	10	19	11	18	11
Lincolnshire	27	6	14	6	22	5	21	6

Source: DfE Statistical First Release 21/2012

Phonics Screening Check

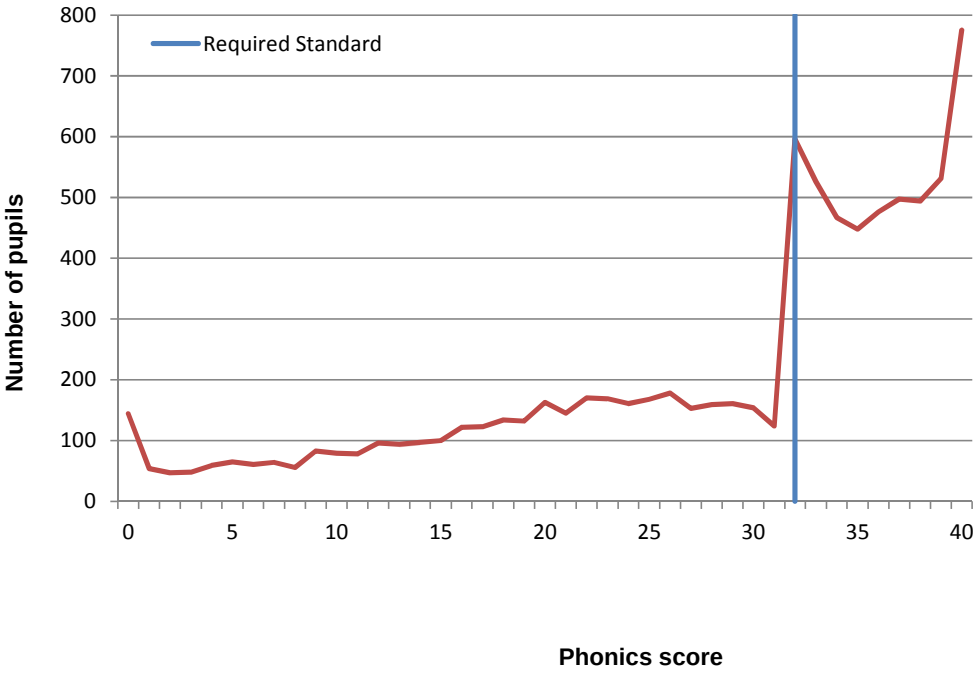
The phonics screening check introduced in 2012 is a new statutory assessment for all children in Year 1. Teachers administer the check with each pupil on a one-to-one basis and record whether their response to each of the 40 words is correct. The mark is from 0 to 40. In 2012, pupils were deemed to have met the required standard of phonic decoding if they scored 32 or more in the test.

56% of all pupils in Nottinghamshire schools met the required standard of the phonics check in 2012. Nationally the figure was 58% and Nottinghamshire ranked eighth out of eleven statistical neighbours (where first is best). Girls outperformed boys in the test with 60% meeting the required standard compared to 53% of boys. Nationally, girls also outperformed boys (62% and 54% respectively).

The percentage of pupils eligible for free school meals that met the required standard of phonic decoding was 42% (nationally the figure was 44%), 17 percentage points lower than all other pupils (59% met the standard). Pupils with no identified Special Educational Needs (SEN) outperformed pupils with a SEN. The gap was 43 percentage points with 19% of SEN pupils meeting the required standard (24% nationally) compared to 62% of pupils with no identified SEN.

Figure 4.5.3 shows the distribution of the phonics test scores collected in 2012 in Nottinghamshire. This shows a spike in the distribution at a score of 32, the required standard for those pupils who took part. The distribution is similar to that seen nationally.

Figure 4.5.3 Phonics screening check mark distribution in Nottinghamshire (2011/12)



Source: DfE Statistical First Release 21/2012

Key Stage 2

Key Stage 2 (KS2) tests are taken by pupils at the end of Year Six (normally aged 11) and the expected level of achievement by the end of KS2 is Level 4.

The percentages of pupils achieving Level 4 or above in the 2011/12 KS2 tests (Table 4.5.4) were:

- English: 87% (90% girls; 83% boys)
- mathematics: 86% (87% girls; 86% boys)

Nottinghamshire came third out of its eleven statistical neighbours for English and mathematics combined and was above the national average by one percentage point for English and two percentage points for mathematics.

The percentages at KS2 Level 5 or above in 2011/12 (Table 4.5.4) were:

- English: 39% (45% girls; 33% boys)
- mathematics: 42% (39% girls; 44% boys)

Nottinghamshire came first out of its statistical neighbours for English and mathematics combined and was above the national average by two percentage points in English and three percentage points in mathematics.

Table 4.5.4 Percentage of pupils achieving Levels 4 & 5 or above (2011/12)

Key Stage 2: Percentage of pupils achieving stated Levels in 2012

Data Source: 2012- SFR33/2012
2011 - SFR31/2011

Note: Figures relate to All Pupils

FINAL STATISTICS

LA (Level 4+)	English		Reading		Maths		English & Maths	
	All	Ranking	All	Ranking	All	Ranking	All	Ranking
National	86		87		84		80	
Nottinghamshire	87	3	88	3	86	3	82	3
Derbyshire	87	3	88	3	87	2	83	2
Staffordshire	86	6	86	7	84	7	79	7
Lancashire	86	6	88	3	86	3	81	5
Cumbria	88	1	89	1	86	3	82	3
Northamptonshire	84	8	85	10	82	10	76	11
Swindon	84	8	86	7	84	7	78	8
Kent	84	8	86	7	83	9	78	8
Dudley	84	8	85	10	82	10	77	10
Wigan	88	1	89	1	88	1	84	1
Lincolnshire	87	3	88	3	85	6	81	5

FINAL STATISTICS

LA (Level 5)	English		Reading		Maths		English & Maths	
	All	Ranking	All	Ranking	All	Ranking	All	Ranking
National	37		48		39		27	
Nottinghamshire	39	3	50	3	42	2	29	1
Derbyshire	41	1	51	1	43	1	29	1
Staffordshire	37	7	47	8	39	6	27	4
Lancashire	38	6	48	6	39	6	27	4
Cumbria	40	2	51	1	39	6	27	4
Northamptonshire	36	9	45	9	36	10	24	10
Swindon	35	10	45	9	40	4	26	9
Kent	37	7	48	6	40	4	27	4
Dudley	35	10	45	9	36	10	24	10
Wigan	39	3	50	3	41	3	29	1
Lincolnshire	39	3	49	5	39	6	27	4

Source: DfE Statistical First Releases 33/2012 & 31/2011
[*English figures for 2012 are not directly comparable to previous years[6].]

[6] A measure of overall attainment in English is published based on reading tests and writing teacher assessment results. Historically English has been based on a combination of reading and writing tests. Therefore figures for 2011/12 are not directly comparable to previous years.

The percentage of pupils in Nottinghamshire achieving two levels progress in English in 2011/12 was 90%. This compares with 89% nationally (Table 4.5.5).

Table 4.5.5 Percentage of Nottinghamshire pupils achieving two levels progress in English (2011/12)

	2 levels progress English			
	2009	**2010**	**2011**	**2012**
Nottinghamshire	81	83	84	90
National	81	83	84	89

Source: Nottinghamshire County Council, 2013

The percentage of pupils in Nottinghamshire achieving 2 levels progress in mathematics was 88%, compared with 87% nationally (Table 4.5.6).

Table 4.5.6 Percentage of Nottinghamshire pupils achieving two levels progress in mathematics (2011/12)

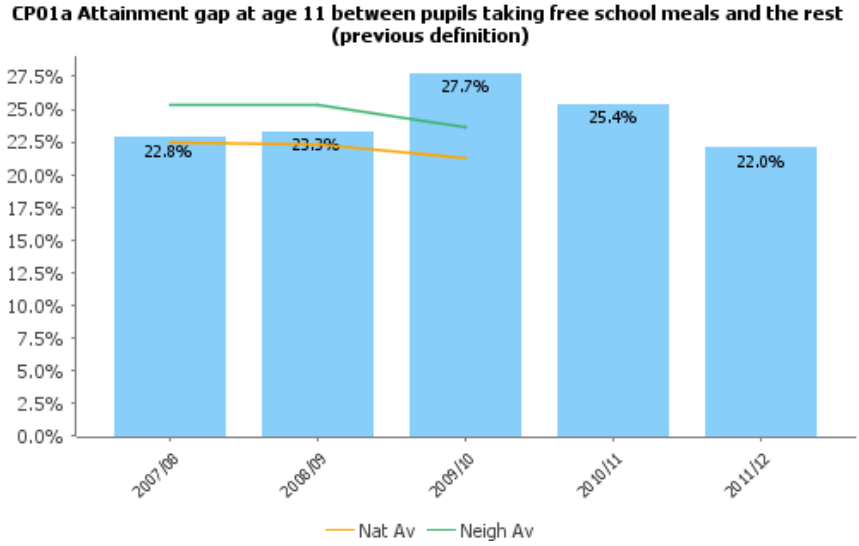
	2 Levels progress Maths			
	2009	**2010**	**2011**	**2012**
Nottinghamshire	82	84	85	88
National	80	82	83	87

Source: Nottinghamshire County Council, 2013

Closing gaps in educational outcomes has been a focus of the County Council's work with all schools in 2011-12 and is detailed in the Closing the Gaps Strategy[7]. The achievement gap at Level 4 or above in English and mathematics for pupils eligible for free school meals (FSM) and non-FSM pupils currently stands at 22 percentage points (63% FSM pupils; 85% non-FSM), which represents a slight reduction since 2007/08 of 0.8 percentage points (Figure 4.5.7).

[7] http://www.nottinghamshire.gov.uk/learning/schools/information-for-schools/education-improvement-service/?entryid33=182537

Figure 4.5.7



Source: Nottinghamshire County Council, 2012

Key Stage 3

There are no longer statutory tests for 14 year old pupils, so the data here is based on teacher assessments. National Curriculum tests are a measurement of achievement against the precise attainment targets of the National Curriculum rather than any generalised concept of ability in any of the subject areas. The National Curriculum standards have been designed so that most pupils will progress by approximately one level every two years. This means that by the end of Key Stage 3, pupils are expected to achieve Level 5.

At Level 5 or above there have been steady increases in English, mathematics and science compared to 2011 figures, while at Level 6 or above, all subjects have increased (with a large increase seen in English). This picture corresponds with the national results. In comparison against statistical neighbours, Nottinghamshire is middle-ranking.

Across Nottinghamshire in 2011/12, 85% of pupils achieved Level 5 or above in English (compared to 83% in 2010/11), which was one percentage point above the national average (Table 4.5.8). In mathematics, 83% of pupils achieved Level 5 or above (81% in 2010/11), in line with the national average. In science, 87% of the county's pupils achieved Level 5 or above (85% in 2010/11), two percentage points above the national figure of 85%.

52% of Nottinghamshire pupils achieved Level 6 or above in English (47% in 2010/11), which was in line with the national average (Table 4.5.9). In mathematics, 61% of pupils achieved Level 6 or above (59% in 2010/11), also in line with the national average, and in science, 56% achieved Level 6 or above (53% in 2010/11), two percentage points above the national figure of 54%.

Table 4.5.8 Percentage of Nottinghamshire pupils achieving Key Stage 3 Level 5 or above (2011/12)

LA (Level 5+)	English		Maths		Science	
	All	Ranking	All	Ranking	All	Ranking
National	84		83		85	
Nottinghamshire	85	6	83	7	87	4
Derbyshire	87	2	85	3	86	6
Staffordshire	86	4	84	5	86	6
Lancashire	87	2	86	2	89	1
Cumbria	88	1	87	1	89	1
Northamptonshire	84	9	83	7	82	9
Swindon	84	9	82	9	82	9
Kent	82	11	81	11	82	9
Dudley	85	6	82	9	88	3
Wigan	86	4	84	5	86	6
Lincolnshire	85	6	85	3	87	4

Source: DfE Statistical First Release 25/2012

Table 4.5.9 Percentage of Nottinghamshire pupils achieving Key Stage 3 Level 6 or above (2011/12)

LA (Level 6+)	English		Maths		Science	
	All	Ranking	All	Ranking	All	Ranking
National	52		61		54	
Nottinghamshire	52	5	61	7	56	4
Derbyshire	52	5	65	1	54	8
Staffordshire	52	5	62	6	55	5
Lancashire	57	2	65	1	61	1
Cumbria	59	1	65	1	60	2
Northamptonshire	49	10	59	8	50	9
Swindon	48	11	54	11	46	11
Kent	51	9	58	9	49	10
Dudley	52	5	58	9	55	5
Wigan	56	3	63	5	55	5
Lincolnshire	53	4	65	1	60	2

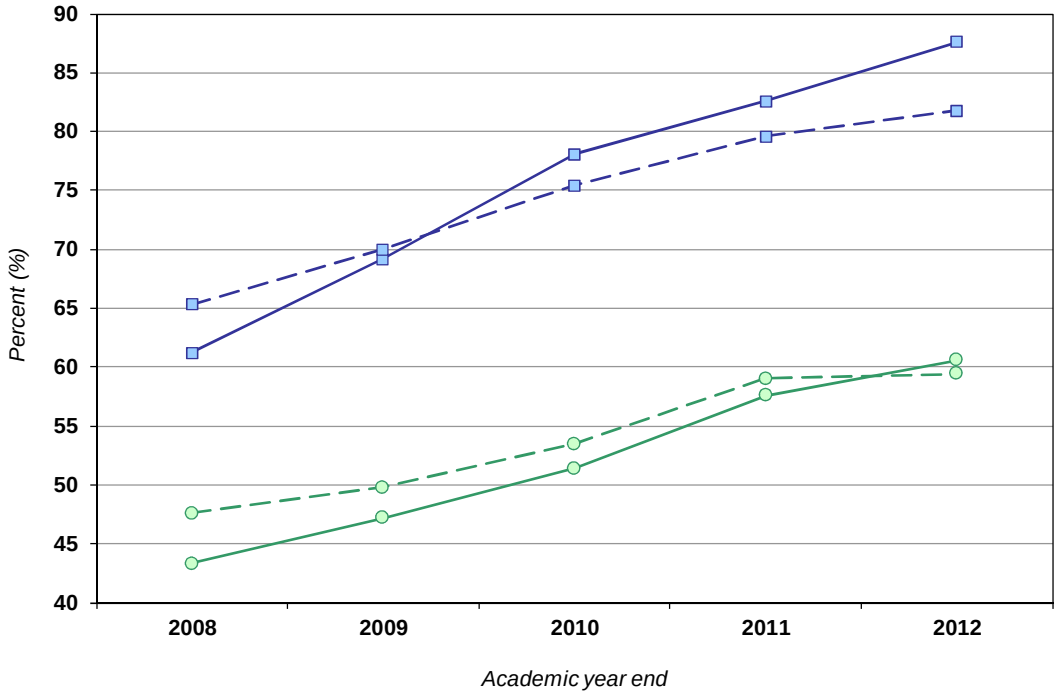
Source: DfE Statistical First Release 25/2012

Key Stage 4

2012 was the first year since the government's 'gold standard' measure of GCSE performance (5+ A*-C grades including English and mathematics) was introduced in 2006 that Nottinghamshire exceeded the national average. 60.6% of the county's pupils achieved this measure (an increase of three percentage points from 2011), compared to the national figure of 59.4% (Figure 4.5.10). Moreover, 87.6% of pupils achieved five or more GCSEs (or equivalent) at grades A*-C, an increase of five percentage points on the previous year and above the national average of 81.8%.

96.7% of pupils achieved five or more GCSEs (or equivalent) at grades A*-G, an increase of 1.3 percentage points compared to 2011 and 2.7 percentage points above the national figure. 14.9% of pupils achieved the English Baccalaureate[8], which was an increase of one percentage point on the previous year but below the national average of 18.3%.

Figure 4.5.10 GCSE (and equivalent) attainment 2008-2012



		2008	2009	2010	2011	2012
% 5+ A*-C	Nottinghamshire	61.2	69.2	78.1	82.6	87.6
	National	65.3	70.0	75.4	79.6	81.8
% 5+ A*-C Inc. Eng & Ma	Nottinghamshire	43.3	47.2	51.4	57.6	60.6
	National	47.6	49.8	53.5	59.0	59.4

Source: Nottinghamshire County Council, 2013

[8] The English Baccalaureate measures the percentage of pupils gaining A*-C grades in each of the following GCSE full course qualifications: English, mathematics, two sciences, humanities and a language.

69.3% of Nottinghamshire pupils made the expected three levels of progress between KS2 and GCSE English in 2011/12, a slight decrease of 0.2 percentage points from 69.5% in the previous year. Nationally this figure is 68.0%, a decrease of 4.0 percentage points from 72.0% in 2011. In mathematics, 65.4% of Nottinghamshire pupils made the expected three levels of progress between KS2 and GCSE in 2011/12, an increase of 4.3 percentage points on 2011. Nationally this figure is 68.7%, up 3.8 percentage points from 2011.

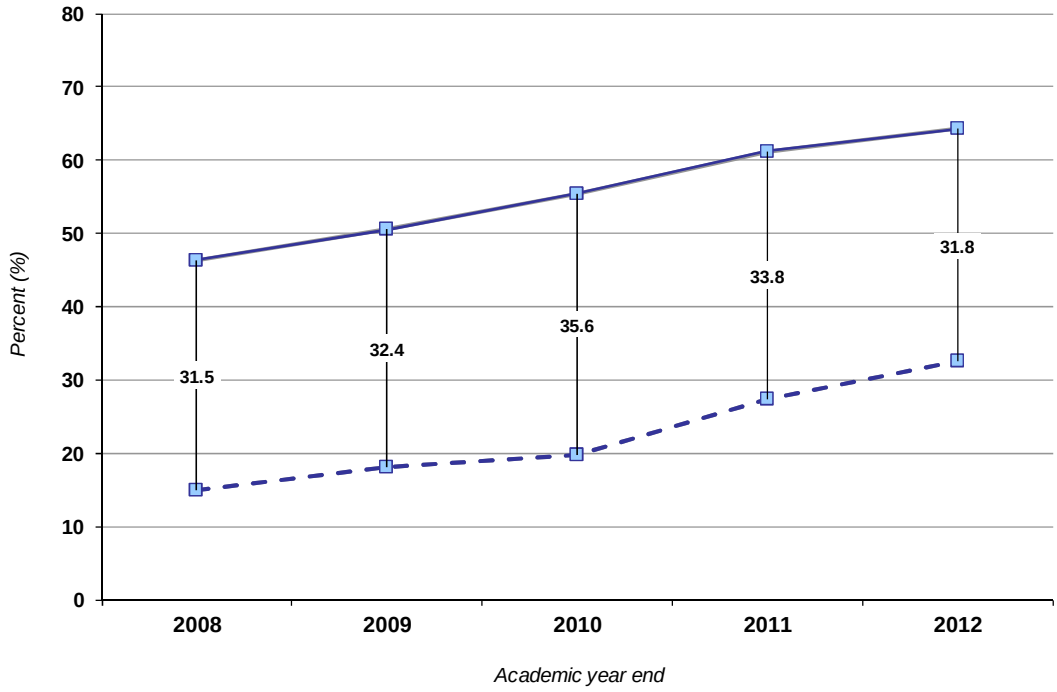
10% (873) of the pupils in the cohort were from a minority ethnic background. Of these, 63.6% (555 pupils) achieved 5+ A*-C grades including GCSE English and mathematics, compared to 60.3% (4,680 pupils) who were from a White British background. The gap for the local authority is -3.3 percentage points, which represents narrowing of the gap compared to one percentage point reported in 2011.

In 2012, a new FSM measure was introduced which looks at the pupils' eligibility at any point over the past six years (known as 'Ever 6'). Both the old and new measures – those who were eligible at the time of assessment, and those who are FSM ever – are considered below:

Free School Meals - 11.5% (1,000) of the pupils in the cohort are eligible for FSM. Of these, 32.5% (325 pupils) achieved 5+ A*-C grades including GCSE English and mathematics compared to 64.3% (4,958 pupils) who were not eligible for FSM. The FSM gap for the local authority is therefore 31.8 percentage points, which represents a narrowing of the gap compared to 33.8 percentage points reported in 2011 (Figure 4.5.11).

Free School Meals 'Ever 6' - 20.6% (1,794) of the pupils in the cohort were eligible for free school meals at some point in the past six years (FSM 'ever 6'). Of these 36.3% (651 pupils) achieved 5+ A*-C grades including GCSE English and mathematics compared to 67% (4,632 pupils) who were never eligible for FSM. The FSM 'ever 6' gap is therefore 30.7 percentage points.

Table 4.5.11 Free School Meal (FSM) / Non-FSM time series and gap (2008-2012)



		2008	2009	2010	2011	2012
LA	Non-FSM	46.4	50.5	55.4	61.2	64.3
	FSM	14.9	18.1	19.8	27.4	32.5
	FSM / Non-FSM GAP	**31.5**	**32.4**	**35.6**	**33.8**	**31.8**

Source: Nottinghamshire County Council, 2013

The gap between Special Educational Needs (SEN) and non-SEN pupils achieving five A*- C GCSE including English and mathematics can also be measured. 21.8% (1,895) of the pupils in the cohort have a special educational need. Of these 21.5% (407 pupils) achieved 5+ A*-C grades including GCSE English and mathematics, compared to 71.5% (4,876 pupils) who had no SEN. The SEN gap is therefore 50.1 percentage points, which represents a widening of the gap compared to 47.9 percentage points reported in 2011.

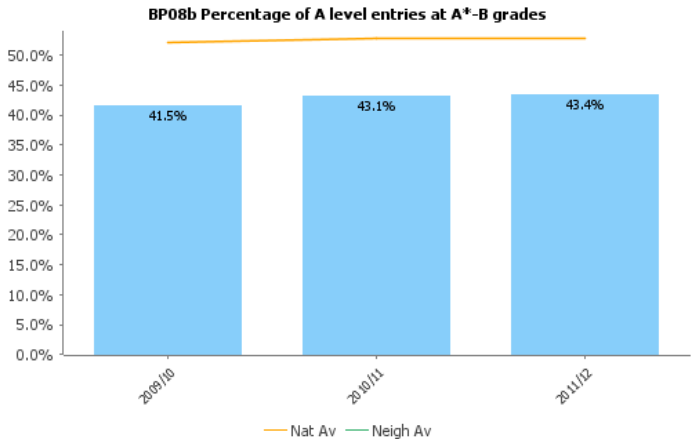
Compared to all 151 local authorities nationally, Nottinghamshire is placed as follows:

- 5+ A*-C (including GCSE English and mathematics): 55th where 1st is best (79th in 2011)
- 5+ A*-C: 29th (59th in 2011)
- 5+ A*-G: 34th (76th in 2011)
- Any qualification: 54th (60th in 2011)
- English Baccalaureate: 77th (77th in 2011)

Key Stage 5

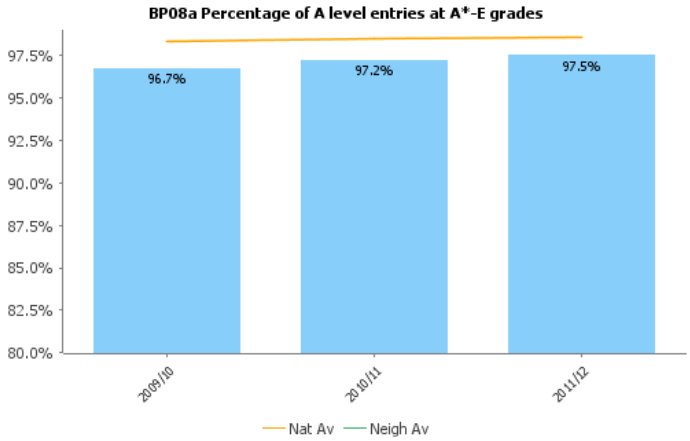
In Nottinghamshire sixth forms, 43.4% of A level entries were awarded an A*-B grade, a slight increase of 0.3 percentage points on 2011, compared to the national figure of 52.9% (52.8% in 2011) (Figure 4.5.12). In addition, 97.5% of A level entries were awarded an A*-E grade, up by 0.3 percentage points on 2011 (Figure 4.5.13). Nationally the figure is 98.6% (98.5% in 2011). In total, 93.7% of candidates in Nottinghamshire achieved two or more passes of A level equivalent size, a decrease of 0.6 percentage points from 2011. This compares to a national figure of 93.6% (94.1% in 2011).

Figure 4.5.12 Percentage of A level entries at A*-B grade



Source: Nottinghamshire County Council, 2013

Figure 4.5.13 Percentage of A level entries at A*-E grade



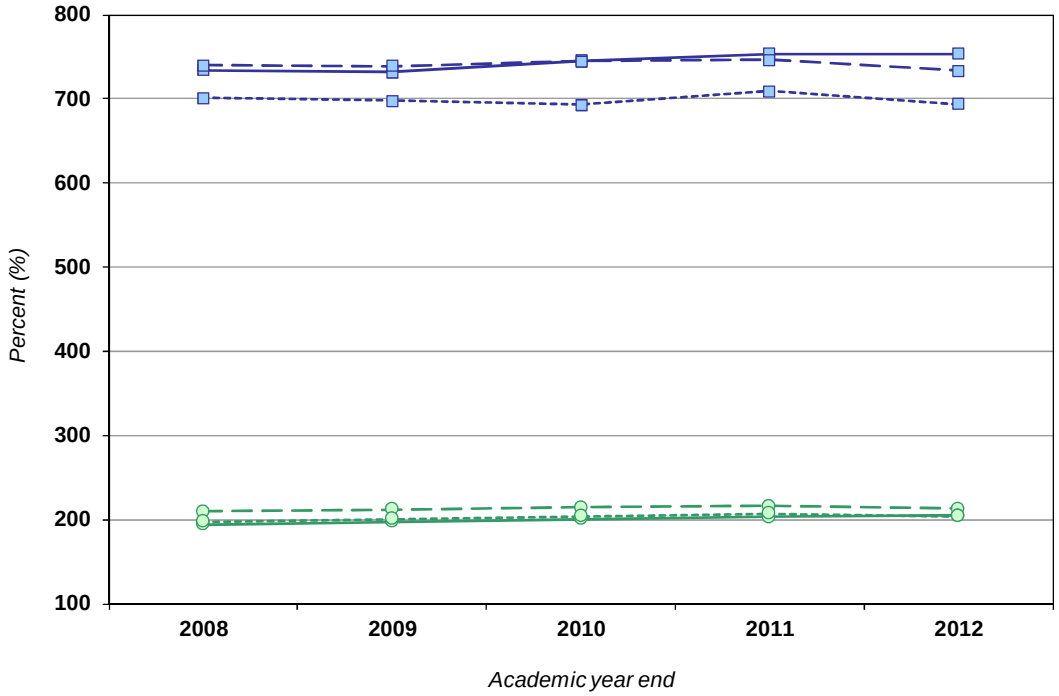
Source: Nottinghamshire County Council, 2013

The average point score (APS) per entry in Nottinghamshire was 204.0, which is just below an average grade of C at full A level (Figure 4.5.14). This represents a decrease of 2.7 points from 206.7 in 2011. The APS per candidate in Nottinghamshire shows a fall of 15.2 points to 694.0 from 709.2 reported in 2011 (this is just above two B grades and a C grade at full A level).

Compared to all 150 local authorities nationally, Nottinghamshire is placed as follows[9]:

- Percentage of students achieving two or more passes of A level equivalent size: 80th, where 1st is best (74th in 2011)
- Average point score (APS) per entry: 113th (120th in 2011)
- Average point score (APS) per candidate: 88th (90th in 2011)

Figure 4.5.14 Key Stage 5 (GCE/Applied GCE A/AS and equivalent) time series



		2008	2009	2010	2011	2012
APS per Candidate	Nottinghamshire inc. colleges	701.1	697.9	693.1	709.2	694.0
	Nottinghamshire sixth forms	734.2	731.9	745.8	753.5	753.3
	National	740.0	739.3	744.8	746.0	733.0
APS per Entry	Nottinghamshire inc. colleges	197.3	200.6	203.7	206.7	204.0
	Nottinghamshire sixth forms	194.3	197.1	200.5	203.3	204.9
	National	209.4	211.7	214.4	216.2	212.8

Source: Nottinghamshire County Council, 2013

[9] Based on mainstream schools only – excludes colleges

4.6 Educated otherwise than at school (last updated September 2013)

Key Messages

1. As of April 2013, around 500 children and young people on the local authority roll were listed as being educated otherwise than at school, including those at the Nottinghamshire Learning Centre.

2. In the eight months between September 2012 and April 2013, 106 Nottinghamshire pupils received direct health related education provision, the vast majority of secondary school age.

3. As at June 2012, there were 342 open and active elective home education (EHE) cases in Nottinghamshire. The most popular reason given by parents for EHE was that it is their preferred education route, but nearly a quarter stated they chose EHE as a result of conflict with the school that their child had been attending.

Overview

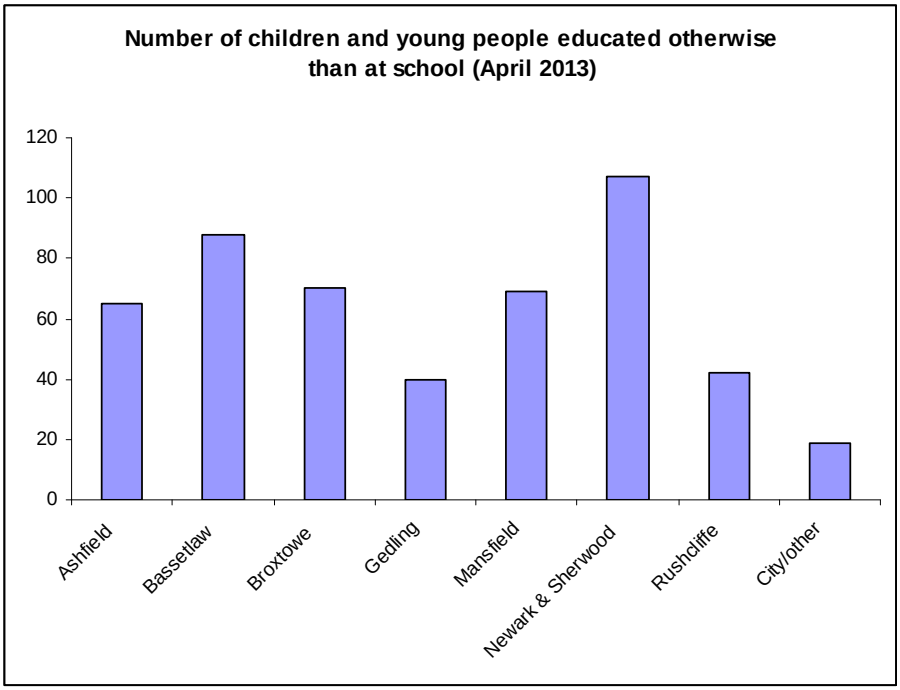
As of April 2013, around 500 children and young people on the local authority roll were listed as being educated otherwise than at school, including those at The Learning Centre. Of these, 54.8% were male and 45.2% female, and the highest numbers of pupils were in Newark & Sherwood (Table 4.6.1 and Figure 4.6.2).

Table 4.6.1 Number of children and young people educated otherwise than at school (April 2013)

District	Number of children	Percentage of total
Ashfield	65	13.0%
Bassetlaw	88	17.6%
Broxtowe	70	14.0%
Gedling	40	8.0%
Mansfield	69	13.8%
Newark & Sherwood	107	21.4%
Rushcliffe	42	8.4%
City/other	19	3.8%

Source: Capita ONE (2013)

Figure 4.6.2



Source: Capita ONE (2013)

The Learning Centre

With effect from April 2013, The Learning Centre has been divided into three separate centres, each serving different areas of the county. Each learning centre is registered with the Department for Education as separate 44-place Pupil Referral Units (PRU). PRUs are described by the Department for Education as a type of alternative provision and fall within the scope of the Ofsted school inspection framework.

Admission to each learning centre is currently mainly through permanent exclusion from mainstream schools. However, working in partnership with schools, pupils experiencing difficulties in school may also access short term provision as a preventative measure to permanent exclusion.

Provision is delivered through three locality-based learning centres which provide a range of learning opportunities to individuals and groups of learners. Bassetlaw Learning Centre covers Bassetlaw and Newark & Sherwood, Daybrook Learning Centre covers Rushcliffe, Gedling and South Broxtowe and Oakdale Learning Centre covers Mansfield, Ashfield and North Broxtowe.

Each learning centre provides out of school provision for children and young people aged 11-16 years who are currently not in a mainstream school as a result of their behaviour. While children and young people are in the learning centre they have access to an appropriate curriculum, leading to exciting and challenging learning opportunities which help them to achieve their potential.

This provision supports all learners to acquire essential skills needed to return successfully to a mainstream setting and/or appropriate alternative provision. Learning programmes are differentiated by need, reflect mainstream provision and address the causational factors associated with exclusion and social isolation. A

range of independent providers are also commissioned to augment the curriculum delivery at Key Stage 4.

Primary provision previously delivered through The Learning Centre has been relocated into the Personal, Social, Emotional Development Team, a Local Authority service, with effect from April 2013. It is planned that, over time, school partnerships will receive devolved funding to take responsibility for Key Stage 4 students on alternative provision, leaving the learning centres to be responsible for Key Stage 3 students. During the course of the next year, other delivery models may emerge which could be different across the three learning centres to reflect the specific local needs of each school behaviour and attendance partnership, of which there are eight in Nottinghamshire.

Table 4.6.3 shows the decrease in the number of pupils on roll at The Learning Centre between 2012 and 2013. Attendance data from the summer and autumn terms of 2012 can be seen in Tables 4.6.4 to 4.6.6.

Table 4.6.3 Number of pupils on roll at The Learning Centre (reported in the PRU Census on 17th January 2013 and 19th January 2012)

Gender	Provision	Total (2013)	Total (2012)
Female	Bassetlaw LC	10	
	Daybrook LC	*	
	Oakdale LC	9	
Female Total		**19 + ***	**58**
Male	Bassetlaw LC	26	
	Daybrook LC	37	
	Oakdale LC	34	
Male Total		**97**	**159**
Grand Total		**116 + ***	**217**

Source: The Learning Centre, 2013 [Number below five and suppressed. LC = Learning Centre.]

Table 4.6.4 Attendance at The Learning Centre (Summer & Autumn Terms 2012)

Learner Attendance Data	Summer Term 2012	Autumn Term 2012
Attendances	**67.5%**	**71.2%**
Authorised absences	11.8%	11.3%
Unauthorised absences	20.6%	17.4%

Source: The Learning Centre, 2013

Table 4.6.5 Attendance at The Learning Centre by Key Stage (Summer & Autumn Terms 2012)

	Summer Term 2012	Autumn Term 2012
Key Stage 2	85.4%	77.2%
Key Stage 3	72.7%	80.0%
Key Stage 4	62.3%	71.5%

Source: The Learning Centre, 2013

Table 4.6.6 Attendance at The Learning Centre by group (Summer & Autumn Terms 2012)

	Summer Term 2012	Autumn Term 2012
Male	68.3%	73.0%
Female	64.4%	64.9%
Free School Meals	69.6%	71.5%
Looked After Children	-	61.1%
Special Educational Needs (Statemented)	67.2%	81.9%

Source: The Learning Centre, 2013

Health related education

In the statutory guidance from the Department for Education (January 2013), local authorities are responsible for arranging a suitable education provision for children who are unable to attend a mainstream or special school for health related reasons. This duty applies to all children and young people who would normally attend mainstream schools including academies, free schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally, whether a child cannot attend school at all or can only attend intermittently. A key point in the guidance is that the children should receive a good quality education (as defined in the Alternative Provision 2013 guidance) that allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to re-integrate successfully back into school as soon as possible. These arrangements are provided by specialist teachers and teaching assistants from the Health Related Education Team, which forms part of the extended services at Fountaindale School.

Pupils remain on the roll of their school throughout their provision. There are two main categories of pupils in receipt of provision:

- Those with a physical or medical condition, which prevents them from attending school. This could be due to post-operative recovery or life-limiting conditions (such as cancer), or an illness lasting more than 15 days.

- Those experiencing severe anxiety about attending school. This might include those with a psychological, psychiatric or mental health issue.

In addition, children of school age admitted to Kings Mill or Bassetlaw Hospital receive provision if their stay is expected to be longer than three days. Following discharge, provision continues at home where appropriate. If treatment takes place in hospitals other than these, such as Nottingham University Hospitals or Sheffield Children's Hospital, the Health Related Education Team will make education provision for county pupils on discharge if required.

Provision is intended to be short term and should not exceed 12 weeks, but due to the complex nature of many of the health related difficulties of the pupils referred to the team, longer term provision may be required. The Health Related Education Team works very closely with pupils' schools and partner agencies to identify and plan provision for these pupils.

In the eight months between September 2012 and April 2013, 106 Nottinghamshire pupils received direct health related education provision (Tables 4.6.7 to 4.6.9), the vast majority of secondary school age. Numbers of boys and girls were equal, and around one in seven had a statement of SEN or were undergoing the statementing process.

Table 4.6.7 Number of pupils receiving direct health related education provision by gender (1 Sept 2012 to 30 April 2013)

	Gender	
	Male	**Female**
Anxiety related	31	29
Physical/medical	22	24
Total = 106	53	53

Source: Nottinghamshire County Council, 2013

Table 4.6.8 Number of pupils receiving direct health related education provision by Key Stage (1 Sept 2012 to 30 April 2013)

Key Stage	Total	Physical/Medical	Anxiety
1	*	*	0
2	*	*	*
3	52	22	30
4	49	23	26

Source: Nottinghamshire County Council, 2013
[Number below five and suppressed]

Table 4.6.9 Number of pupils receiving direct health related education provision with a statement of SEN or undergoing statementing process (1 Sept 2012 to 30 April 2013)

Statemented	5
Undergoing assessment	9

Source: Nottinghamshire County Council, 2013

In certain circumstances, if it is more appropriate, funding can be made available for schools to provide the education support for their pupil. In addition, the team manages a central fund to support schools in delivering suitable programmes of education for pregnant learners.

Table 4.6.10 Number of pupils receiving funding from the Health Related Education Team (rather than provision) for school to provide suitable educational support (1 Sept 2012 to 30 April 2013)

Funding	Total
Pregnant pupil/school aged mothers	22
Anxiety	12
Physical/Medical	5

Source: Nottinghamshire County Council, 2013

Also feedback from pupils, parents/carers, schools and stakeholders is overwhelmingly positive. Parental and pupil feedback is particularly positive about ensuring curricular continuity, so that on return to school pupils are not behind with their studies and their health related condition has caused as little disadvantage as possible. Schools and stakeholders feed back that communication, efficiency, partnership-working and support with transition are a strength.

Looked after children

An extremely small cohort[10] of looked after children with complex needs have educational placements other than at school commissioned for them by the local authority. Their attendance and progress may be monitored by the local authority officer with responsibility for looked after children. These pupils may or may not have a statement of SEN, but are subject to scrutiny through social care regulations as well as educational monitoring arrangements.

Elective Home Education

In Nottinghamshire the number of parents exercising their right under Section 7 of the Education Act 1996 to educate their children other than at school has slightly decreased in recent years. Nottinghamshire County Council aims to work in partnership with parents who have elected to educate their children at home and in January 2013 introduced a new Elective Home Education (EHE) procedure to support this.

The Elective Home Education Team, which is placed within the Education Improvement Team, is dedicated to developing positive and supportive relationships with EHE families and will work with home educators to provide information and address any concerns that may arise. If members of the EHE team are alerted to concerns about a child's welfare, the county's Targeted Support Team is notified. If there are concerns related to child protection, a referral is made to the county's Multi-Agency Safeguarding Hub. Under Section 343 of the Education Act 1996, local authorities may intervene if it appears that parents are not providing a suitable education.

[10] Less than five – number suppressed.

As of June 2012[11], there were 342 open and active EHE cases in Nottinghamshire (Table 4.6.11). The monitoring of reports of EHE visits and subsequent action taken suggests that EHE was meeting the needs of the child in 91% of the cases in which the local authority was involved. In the remaining cases, provision was judged to be unsuitable - most of these learners were referred to the county's Targeted Support Team for further intervention, with the remainder referred to the Missing Education Officer.

A breakdown of EHE learners (Table 4.6.12) shows that the largest cohort was in Key Stage 4 and the smallest in Key Stage 1. In the secondary phase (Key Stages 3 and 4) there were 232 learners, compared with 110 in the primary phase (Key Stages 1 and 2). In each Key Stage other than Key Stage 2, girls outnumber boys.

Table 4.6.11 Number of new referrals for Elective Home Education in Nottinghamshire (2005-2012)

School year	Number of referrals	Difference	Total number of children involved during the school year (level of activity)
2005/2006	71		
2006/2007	97	+ 26	319
2007/2008	129	+ 30	348
2008/2009	157	+ 28	391
2009/2010	154	-3	353
2010/2011	166	+12	371
2011/2012	128	-36	342

Source: Education Improvement Service, June 2012

Table 4.6.12 Breakdown of Elective Home Education learners by Key Stage (June 2012)

Key Stage	Female	Male	Total
1	19	15	34
2	37	39	76
3	63	45	108
4	73	51	124
Total	**192**	**150**	**342**

Source: Education Improvement Service, May 2013

The most popular reason given by parents for EHE (Table 4.6.13) was that it is their preferred education route. However, 23% stated they chose EHE as a result of conflict with the school that their child had been attending. The least popular reason for choosing EHE was because of problems with school attendance.

[11] Analysis in this sub-section is based on information collected between September 2011 and June 2012 and recorded in an annual EHE report published on 7th June 2012.

Table 4.6.13 Reasons for choosing Elective Home Education (new referrals September 2011-June 2012)

Reason	Number of cases	% of cases
Preferred route	49	38%
Conflict with school	30	23%
Reason not given	22	17%
Emotional difficulties	13	10%
Bullying	6	5%
School phobic/refuser	6	5%
Attendance	*	*
Total	**118 + ***	**100%**

Source: Education Improvement Service, June 2012 [Number below five and suppressed.]

The total number of EHE children in Nottinghamshire identified as having special educational needs or a disability was 101 (Table 4.6.14), which represents 29.2% of the total EHE population compared to a national average of around 20% (DFE, May 2013). There is no data available from the September 2011-June 2012 report of the number of Gypsy, Roma and Traveller children registered as EHE.

Table 4.6.14 Numbers of children with Special Educational Needs or Disabilities (SEND) receiving Elective Home Education (EHE) (June 2012)

Level of need	Number	Percentage of total of SEND	Percentage of total of EHE registered children
School action	56	55.5%	16.3%
School action plus	37	36.6%	10.8%
Statement	8	7.9%	2.3%
Total	**101**	**100%**	**29.2%**

Source: Education Improvement Service, June 2012

The Nottinghamshire EHE Team has recently held a series of head teacher briefings to ensure that all head teachers understand their responsibility to resolve any difficulties or conflicts in school which may result in parents choosing to home educate. The EHE Team is also working closely with the Special Educational Needs and Disabilities Policy and Provision Group at Nottinghamshire County Council and home-educating parents to support them with the development of a suitable programme of home learning wherever possible. The team is also supporting home educators to access Department for Education funded provision at further education colleges from September 2013 for EHE learners aged 14-19, where they have expressed an interest in taking up one or more courses at a college.

4.7 Young people not in education, employment or training (last updated March 2013)

Key Messages

1. Despite the prevailing challenges with the economy and its particular impact on young people, the proportion of young people who are not in education, employment or training (NEET) has remained low in Nottinghamshire.

2. However, since April 2012 the proportion of young people whose status is not known has been on the increase and there has also been a reduction in the numbers of young people registering as NEET.

3. Nottinghamshire's performance compares favourably against England, regional and statistical neighbour averages for both NEET and 'not known'.

4. Mansfield, Ashfield and Bassetlaw have NEET levels above the county average, as well as some wards in other boroughs/districts.

5. In recent years there has been a steady increase in the number of young people entering learning after Year 11 in Nottinghamshire, but the proportion fell in 2012 and there continues to be a problem with drop out rates between Year 12 and Year 13.

6. Teenage mothers, young people with learning difficulties and disabilities, looked after children and care leavers, and young people linked with the Youth Offending Service are of particular concern in relation to NEET.

NEET in Nottinghamshire

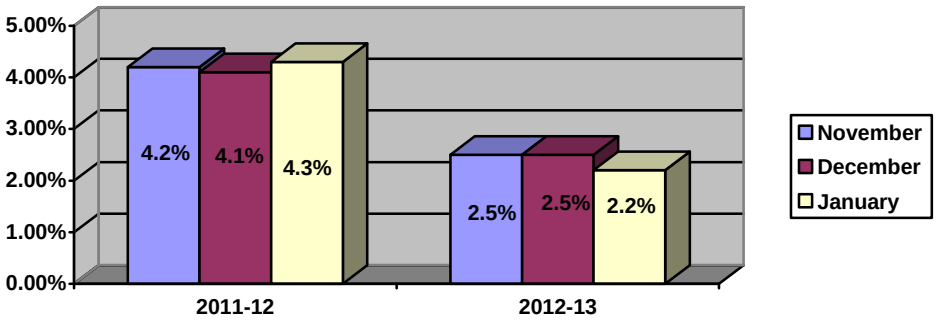
NEET is a measure of the proportion of young people who are not in education, employment or training. The measure is based solely on residency. Whilst it is monitored throughout the year by the DfE through the National Connexions Client Information System (NCCIS), there are no national targets for NEET reduction. Through NCCIS, the Local Authority reports NEET to the DfE on two different cohorts. These are the Actual Age 16-18 cohort and the Academic Age Years 12-14 cohort, which includes 19 year olds in the measure.

The overall picture in recent years in relation to the proportion of young people in the Actual Age 16-18 cohort for Nottinghamshire is a positive one. Despite the prevailing challenges with the economy and its particular impact on young people, the proportion of young people who were NEET has remained low in Nottinghamshire, peaking at 5.8% in August 2011. The trend is similar with the Academic Age Years 12-14 cohort, which reached a peak in August 2011 with the proportion in NEET at 5.9%.

Having briefly referenced the overall picture in terms of the two cohorts being measured for NEET by the DfE through NCCIS, the remainder of this section will focus primarily of the Actual Age 16-18 cohort.

Since April 2012 we have seen unusually low levels of NEET reported through CCIS for Nottinghamshire. In January 2013, the proportion of the Actual Age 16-18 cohort being reported as NEET through CCIS was 2.2% and the trend since April 2012 is of a gradual decline in the proportion of this cohort in NEET. Figure 4.7.1 highlights the overall reduction between 2011/12 and 2012/13. The overall 2012/13 figure for Nottinghamshire was 2.5%.

Figure 4.7.1 NEET levels of the Actual Age 16-18 cohort in Nottinghamshire (2011 - 2013)



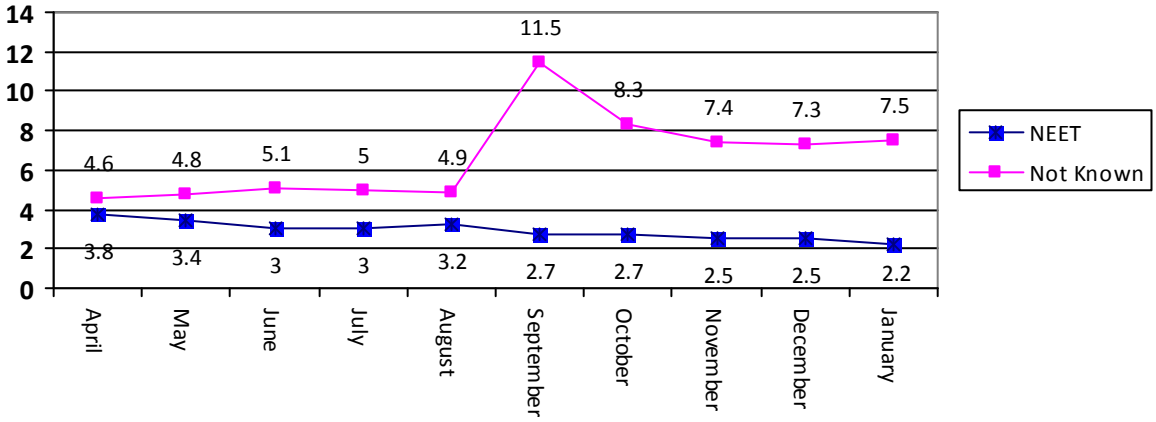
Source: Connexions Client Information System (ME0018 January 2013)

'Not Known' data in Nottinghamshire

It is important not to view the NCCIS NEET data in isolation of the figures for 'Not Known' during the same period. 'Not Known' is a category on NCCIS which includes all those young people whom the Local Authority has been unable to contact to verify their EET status, either because their contact details are unknown or because they have not responded to the attempts to contact them to find out what they are doing. Under DfE guidance, it also includes young people who when contacted tell the Local Authority that they are NEET but do not want help or further contact.

Similar to NEET, the historic picture for 'Not Known' in Nottinghamshire was a good one, with levels of 'Not Known' consistently below the national and regional averages and also comparing favourably with statistical neighbours. Since April 2012, the proportion of young people who status is 'Not Known' has been on the increase. This reflects some reduction in available resources to undertake this work and a refocusing of the role of the remaining staff who previously did it. Figure 4.7.2 shows the overall picture in relation to NEET and 'Not Known' since April 2012. The overall 'Not Known' figure for 2012/13 was 7.9%.

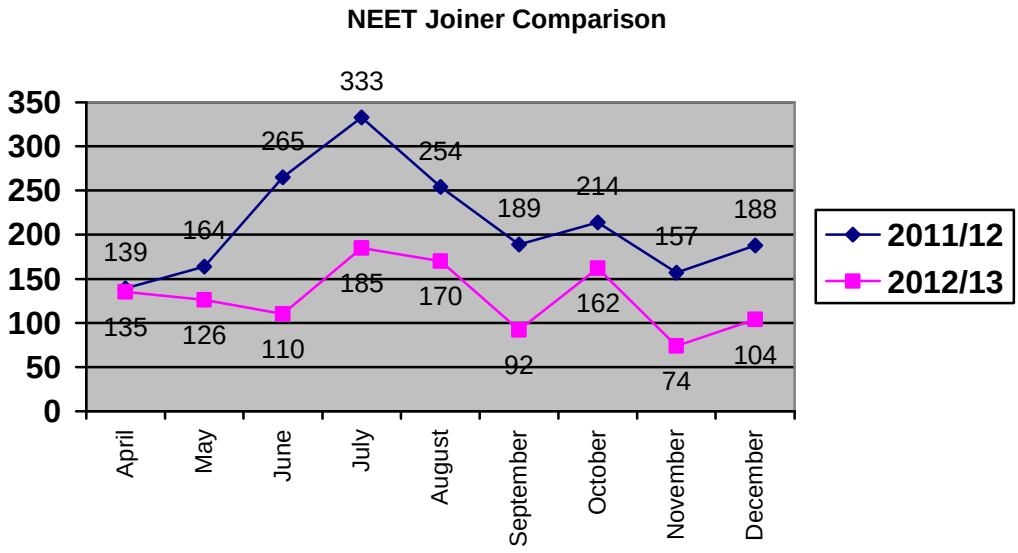
Figure 4.7.2 NEET and 'Not Known' data for Nottinghamshire (April 2012 to January 2013)



Source: Connexions Client Information System (ME0018 January 2013)

From the graph above, it is easy to see something of a correlation between the decrease in NEET in Nottinghamshire since April 2012 and the corresponding rise in 'Not Known'. The high figure for September 2012 was largely as a result of the Local Authority struggling to get Further Education and Sixth Form data in time to update CCIS. Although not every local authority has seen a reduction in NEET and a corresponding increase in 'Not Known' as experienced in Nottinghamshire, NCCIS data for the past year clearly shows a general rise in 'Not Known' nationally and in some areas this has been particularly significant. There has also been a reduction since April 2012 in the numbers of young people who are registering as NEET. Figure 4.7.3 below illustrates this well.

Figure 4.7.3 Numbers of young people registering as NEET (April 2011-December 2012 and April 2012-December 2013)



Source: Connexions Client Information System (ME0018 January 2013)

In total between April and December 2012 there were 745 fewer NEET joiners compared to the previous year. This was predominantly in the north of the county. With NEET being so low, it is difficult to determine fully whether this trend is a positive one, particularly with 'Not Known' rising in recent months. It is probable that significant service changes over the last year have impacted in the short term at least on NEET young people who are not sure how or where to register with the Local Authority for support - and it is possible that they then become 'Not Known'.

In 2012/13, the DfE gave serious consideration to altering the way in which NEET was calculated. They proposed an adjustment to the NEET figure to try to deal with the general rise in 'Not Known' nationally as reported through NCCIS. The DfE eventually decided not to press ahead with the change following consultation with the Local Government Association. However, if in Nottinghamshire we were to apply the adjustment they proposed, then our NEET figure for the end of December 2012 would look very different from the figure reported. In essence we would be reporting a NEET figure of about 6.2% and a 'Not Known' figure of about 3.6%, compared to 2.5% and 7.3% respectively. The rationale for the change being proposed by the DfE was that it would better mirror the NEET data extrapolated from the Labour Force Survey.

Certainly we can say with a degree of confidence that higher levels of 'Not Known' does mean that we are in all likelihood currently under reporting the actual number of young people in NEET in Nottinghamshire. In the current economic climate it seems very unlikely that NEET is actually at 2.5% in Nottinghamshire, bearing in mind that historically until 2012 NEET never went below 4%.

NEET at district and ward level

There are variations in NEET levels across the county. Table 4.7.4 gives a breakdown of NEET levels by district, listing some high NEET wards.

Table 4.7.4 NEET levels by district and 'hot spot' wards (December 2012)

District & NEET %	Highest NEET Wards
Ashfield NEET – 3.5%	Hucknall East (4.7%) Sutton in Ashfield East (5.0%) Sutton in Ashfield West (4.6%)
Bassetlaw NEET - 3.6%	East Retford South (4.8%) East Retford West (5.0%) Harworth (6.8%) Worksop South East (4.8%)
Broxtowe NEET – 1.7%	Eastwood South (3.0%) Stapleford North (5.2%)
Gedling NEET – 2.1%	Daybrook (6.9%) Netherfield and Colwick (4.8%) Newstead (5.6%)
Mansfield NEET – 3.9%	Portland (15.1%) Broomhill (14.5%) Ladybrook (6.5%) Newgate (13.8%)
Newark & Sherwood NEET – 1.7%	Bridge 4.1%
Rushcliffe NEET – 1.2%	Cotgrave (4.8%)
Nottinghamshire NEET – 2.5%	

Source: Connexions Client Information System, December 2012 (MI Report PM0024)

On the basis of the data above, Ashfield, Bassetlaw and Mansfield continue to have higher levels of NEET for the 16-18 cohort than the county average. Within some districts, there are wards where NEET levels are much higher than the county average. The main data challenge here is that with the increase in 'Not Known', it is difficult to be confident about the actual NEET levels, particularly as in some cases the actual numbers in NEET are small.

So the general picture at present in terms of the Actual Age 16-18 cohort is mixed:

- NEET is at an all time low
- 'Not Known' has been rising in recent months
- Fewer young people are joining the NEET group
- District variations remain.

In addition, we cannot forget that the current economic climate and labour market is one of the most challenging ones for young people leaving full time education for the first time.

Comparisons with statistical neighbours

Historically, NCCIS comparative data was available on a much more frequent basis than is currently the case. The last available Health Check data on which we can make any comparison on performance is taken from November 2012. This shows significant variation is the proportion of the cohort reported as 'Not Known' by each local authority (Figure 4.7.5). The challenge moving forward is to be able to continue tracking as is required but with more limited resources.

Figure 4.7.5

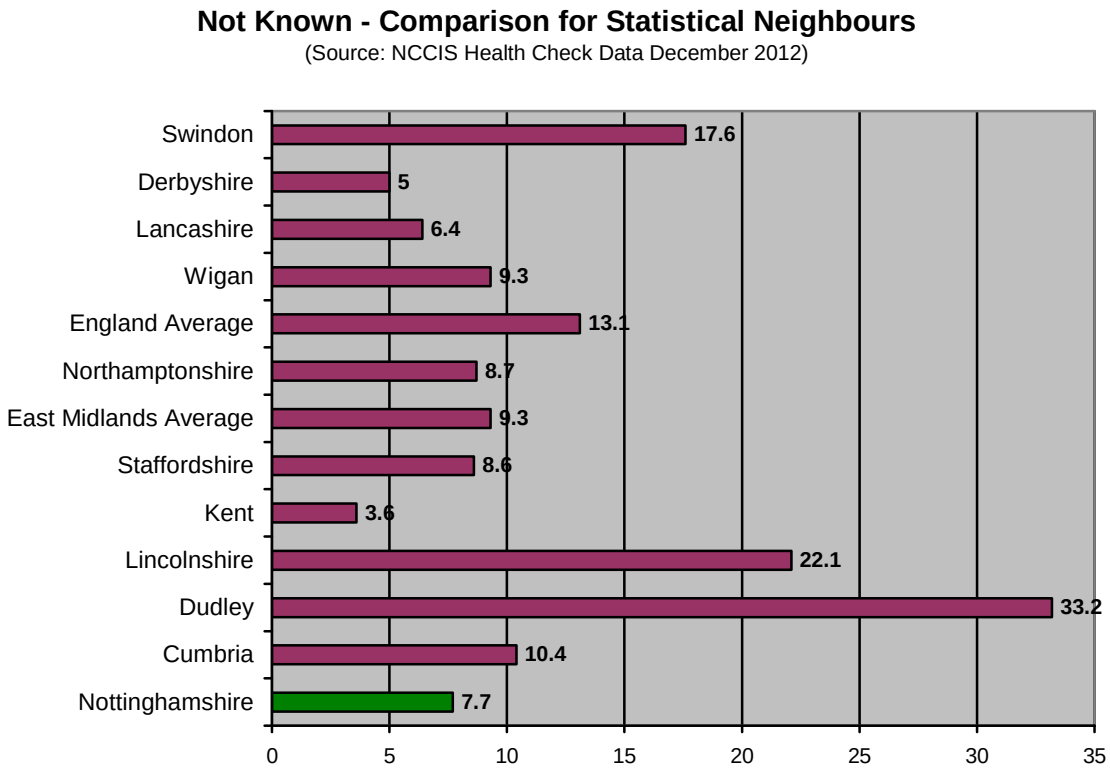
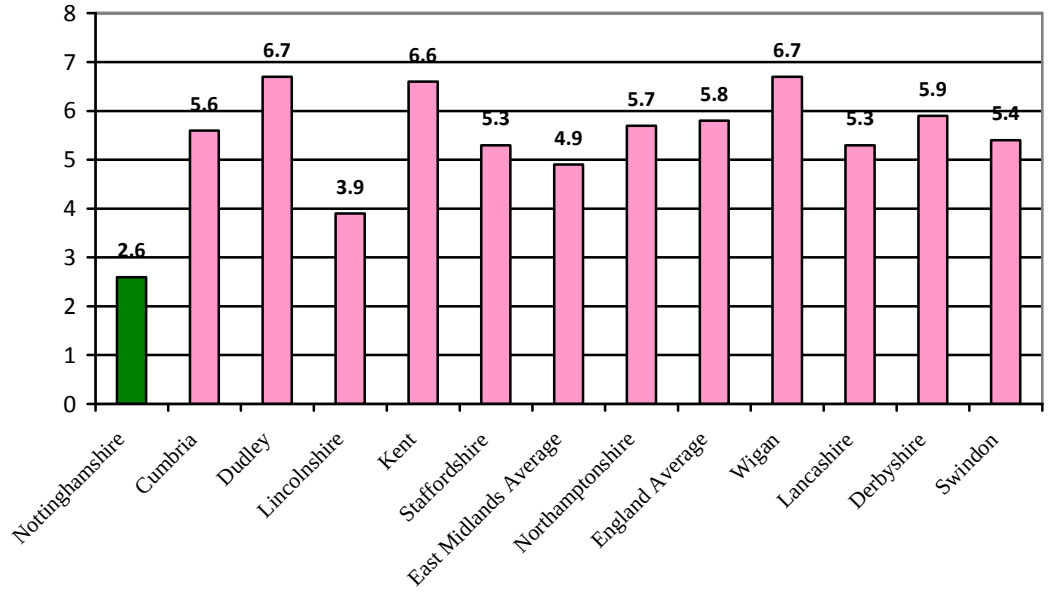


Figure 4.7.6 illustrates that Nottinghamshire is rated joint top for NEET compared to its statistical neighbours and was also below the regional and national averages.

Figure 4.7.6

NEET - Comparison with Statistical Neighbours

(Source: NCCIS Health Check Data November 2012)



The graphs above help to provide some context in relation to Nottinghamshire's current performance. Despite the challenges locally we remain below the England and regional averages for both NEET and 'Not Known'. In addition, whilst at the end of November we were placed fourth in comparison to our statistical neighbours for NEET, we were reporting the lowest NEET percentage.

Raising of the Participation Age

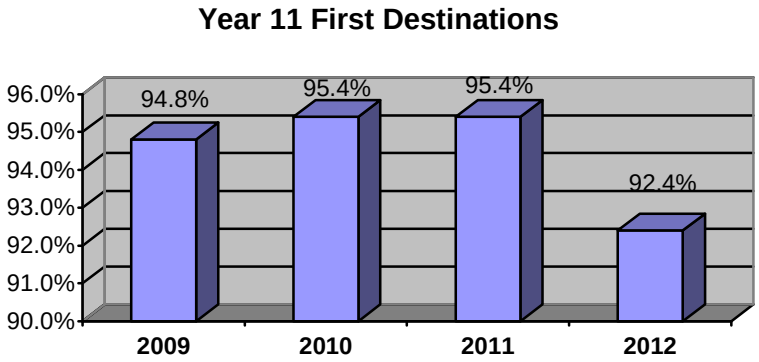
From September 2013 we will enter the first phase of the Raising of the Participation Age (RPA). 2013 Year 11 school leavers will from this September be required to remain in learning. This can either be through Further Education or Sixth Form provision and/or an apprenticeship. Full-time learning amounts to 540 guided learning hours annually. Alternatively, young people in full-time employment should access a minimum of 280 guided learning hours per year.

The Government has decided not to implement any of the enforcement options described in the legislation. So at present RPA looks aspirational in nature and where young people choose not to carry on their learning there will be no sanctions on which the Local Authority can draw to secure participation or to enforce employers to release young people to attend learning. From 2015, young people will have to remain in learning until they complete a Level 4 equivalent qualification or until they turn 18.

What does that mean for Nottinghamshire? In recent years Nottinghamshire saw a steady increase in the proportion of school leavers entering learning at the end of KS4. The proportion fell in 2012, as highlighted in Figure 4.7.7. However, Figure

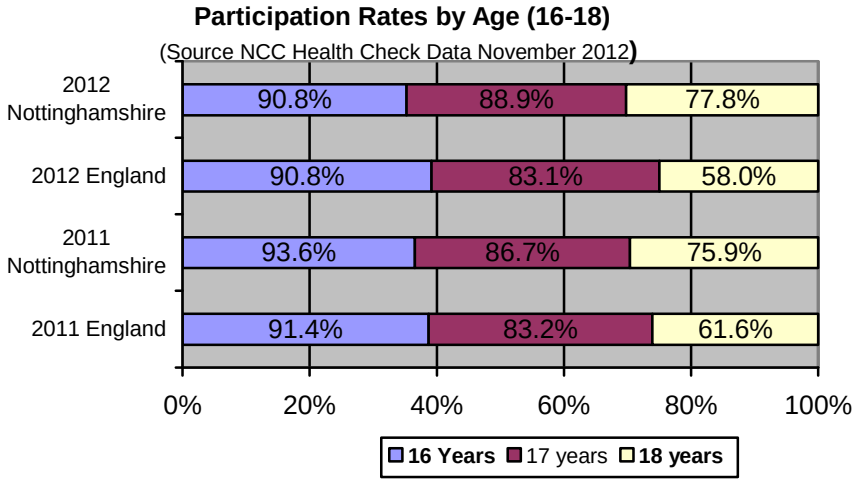
4.7.8 illustrates that we continue to have problems with drop out from learning as young people move from Year 12 into Year 13.

Figure 4.7.7 Proportion of Nottinghamshire school leavers entering learning at the end of Key Stage 4 (2009-2012)



Source: National Connexions Client Health Check Data, 2012

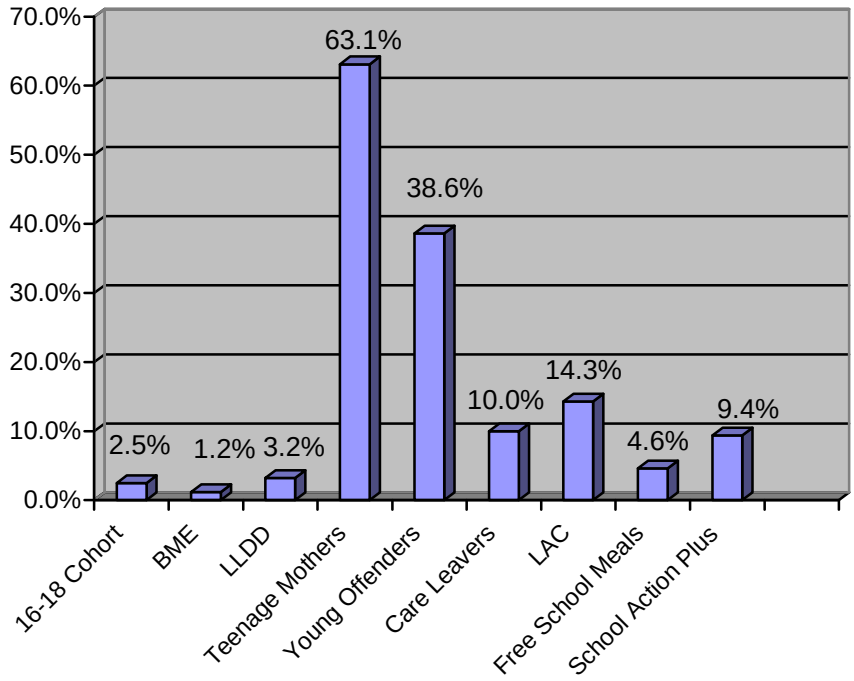
Figure 4.7.8



Vulnerable Groups

There are differences between the proportion of particular vulnerable groups of young people in NEET and the whole 16-18 cohort. Of particular concern are teenage mothers, young people with learning difficulties and disabilities (LDD), care leavers, looked after children (LAC) and young people linked with the Youth Offending Service. The data below from the end of December 2012 illustrates this point (Figure 4.7.9).

Figure 4.7.9 NEET and vulnerable groups (December 2012)



Source: Connexions Client Information System, December 2012 (MI Report PM0010)

At face value it suggests that based on CCIS data alone, teenage mothers, young people designated School Action Plus in Year 11 and young offenders in particular are significantly more likely to be NEET compared to other young people.

Teenage mothers 16-19

At the end of December 2012, 61.6% of teenage mothers aged 16-19 were NEET. This is significantly higher than the average for the whole Academic Age Years 12-14 cohort. There are considerable barriers for young parents particularly teenage mothers who remain concerned about childcare and often have poor experiences of education, low aspirations and a desire to spend time at home caring for their child.

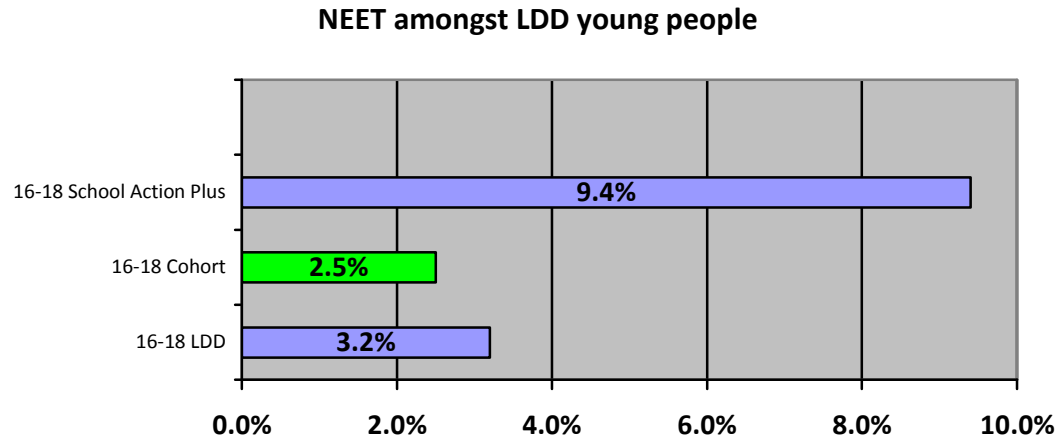
Black and minority ethnic (BME) young people (16-18)

Overall, 16-18 year old BME young people in Nottinghamshire are more likely to be in learning or work than the whole cohort, with 1.2% in NEET compared with 2.5% of all 16-18 year olds (December 2012).

Young people with learning difficulties and disabilities (LDD)

Young people with LDD are slightly more likely to be NEET compared to the whole cohort. However, perhaps most notably, young people designated School Action Plus are almost four times more likely to be NEET compared to the whole cohort (Figure 4.7.10).

Figure 4.7.10



Source: Connexions Client Information System, 2012

Young people known to the Youth Justice Service

In quarter 3 2012, the proportion of young people open to the Youth Justice Service who were in EET at the completion of their order was 79.7%. This is a slight increase from 75.9% at quarter 3 in 2011. Comparative data for regional and national averages and statistical neighbour comparisons are no longer available through the Youth Justice Board. Using CCIS data we know that young offenders are significantly more likely to be NEET than the whole cohort.

4.8 Skills Levels (last updated September 2013)

Key Messages

1. The percentage of Nottinghamshire young people who attain the equivalent of two A-levels (Level 3) by age 19 has increased gradually in recent years but remains below the national average.

2. The inequality gap between the attainment of students from poor backgrounds compared to those from more affluent ones remains wide and worse than the national average in Level 2 and Level 3 by age 19.

3. Less than half of learners eligible for free school meals at age 15 are subsequently recruited into school sixth forms. The impact of the pupil premium in providing additional support for these learners has yet to be seen.

4. Since its peak in April 2010, youth unemployment has been falling, but it remains higher locally than the percentage in the region and nationally.

5. It is estimated that 5.9% of young people in Nottinghamshire of academic age 16 and 17 are currently participating in an apprenticeship. This is above the regional figure and nearly twice the national figure.

1. What do we know?

1.1 Facts and figures

Young people's attainment in the key performance measures of five and more GCSEs grades A* to C at the end of Key Stage 4 has continued to improve and is now above the national average. However, the percentage of the cohort who go on to attain the equivalent of two A-levels (Level 3) by age 19 remains below the national average. In addition, the inequality gap between the attainment of students from poor backgrounds compared to those from more affluent ones remains wide and worse than the national average in Level 2 and Level 3 by age 19.

The overall attainment of young people in Nottinghamshire sixth forms has remained below the national averages in most performance measures. The step change in A-level performance anticipated from the improvement in GCSE performance has not yet been realised.

Youth unemployment doubled between April 2008 and April 2010 nationally, regionally and locally, peaking at 7.9% nationally and 9.1% locally in April 2012. Since this time the 18-24 year old claimant count has been falling, but it remains higher locally than the percentage in the region and nationally. It is estimated that 5.9% of young people in Nottinghamshire of academic age 16 and 17 are currently participating in an apprenticeship. This is above the regional figure and nearly twice the national figure.

Participation in education, employment and training of Nottinghamshire residents of academic age 16-18 is generally higher than in all statistical neighbours. Figures for March 2013 report 84.3% overall participation, with figures for year 12, 13 and 14 respectively 92.4%, 87.1% and 73.4%. The percentage of those not in education employment and training (NEET) locally remains below that in all statistical neighbours (see Section 4.7).

There has been a significant drop in the number of young people undertaking work experience in Year 10 since it is no longer mandatory. However, from September 2013 work experience is being promoted as a funded option with 16-19 Study Programmes.

Adequacy and sufficiency of funded places

Consistently over the past four years, only around 40% of resident learners aged 16 continued education in a maintained school or academy sixth form. This may be a consequence of more rigorous entry requirements for sixth forms coupled with increased levels of achievement at the end of Key Stage 4.

The total number of students within the Year 11 cohort in Nottinghamshire secondary schools is falling slightly year on year. The 17,000 funded places for 16-19 year olds provides a place in education or training for any 16-18 year old who wants to participate. The Local Authority looks to institutions to do all they can to support young people to take up education and training in line with their new duty to participate.

Raising of the Participation Age

The Raising of the Participation Age (RPA) to 17 is now in force and applies to those completing Year 11 in 2013. Local authorities have existing duties to: secure sufficient suitable education and training provision for 16 -19 year olds; to make available support to encourage, enable and assist those 13-19 and those 20-24 with a Learning Difficulty Assessment to participate in education and training; to track participation; and to ensure young people who are NEET are supported. In addition local authorities have new duties from September 2013 to promote the effective participation in education or training and to make arrangements to establish the identities of those failing the duty to participate in education or training.

1.2 Targets and performance

Attainment at Level 2 and Level 3 at age 19

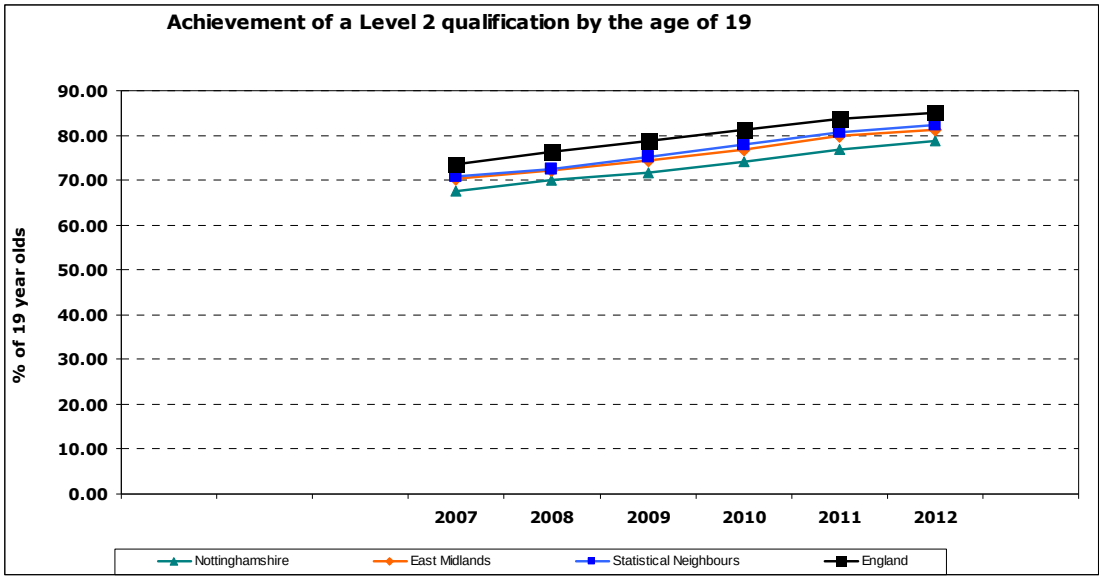
Nationally and locally attainment of Level 2 or higher and Level 3 by age 19 continued to rise between 2011 and 2012, albeit at a slower rate than in the previous few years. In 2012, 85.1% nationally and 78.7% locally of 19 year olds were qualified to Level 2 or higher, and 57.9% nationally and 48.7% locally were qualified to Level 3 (Tables 4.8.1 and 4.8.3; Figures 4.8.2 and 4.8.4).

Table 4.8.1 Attainment at Level 2 at age 19

	2007	2008	2009	2010	2011	2012
Nottinghamshire	67.70%	70.00%	71.70%	74.20%	77.00%	78.70%
East Midlands	70.30%	72.30%	74.50%	76.90%	79.80%	81.20%
Statistical Neighbours	70.78%	72.61%	75.32%	78.05%	80.73%	82.34%
England	73.60%	76.40%	78.80%	81.20%	83.60%	85.10%

Source: DfE Local Area Interactive Tool, 2013

Figure 4.8.2



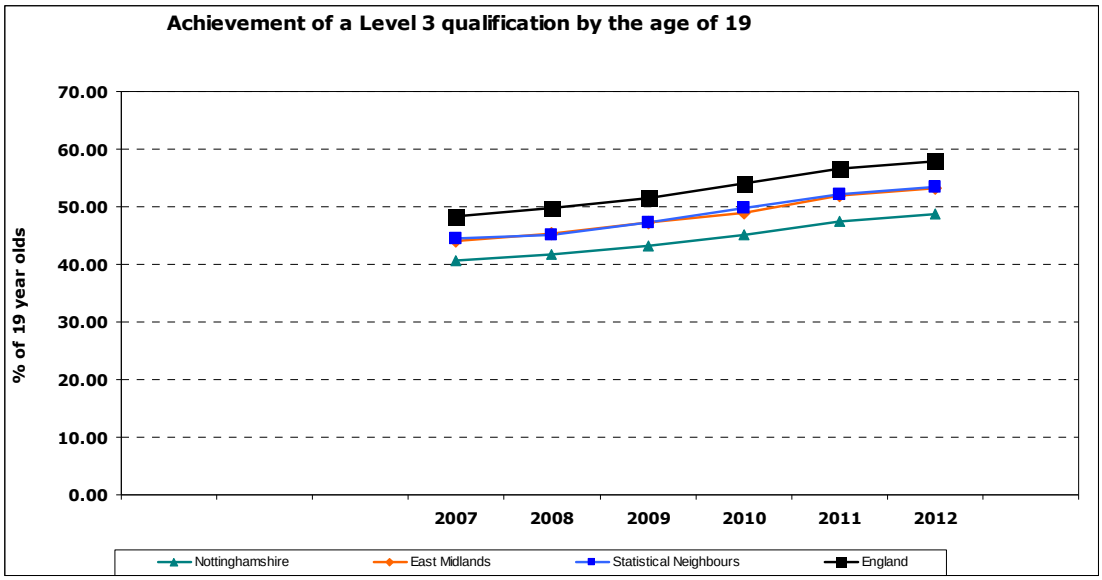
Source: DfE Local Area Interactive Tool, 2013

Table 4.8.3 Attainment at Level 3 at age 19

	2007	2008	2009	2010	2011	2012
Nottinghamshire	40.60%	41.80%	43.10%	45.10%	47.40%	48.70%
East Midlands	44.10%	45.30%	47.20%	49.00%	52.00%	53.10%
Statistical Neighbours	44.42%	45.09%	47.15%	49.77%	52.15%	53.30%
England	48.20%	49.80%	51.50%	54.00%	56.70%	57.90%

Source: DfE Local Area Interactive Tool, 2013

Figure 4.8.4



Source: DfE Local Area Interactive Tool, 2013

Inequality gap in attainment of Level 2 & 3 at age 19

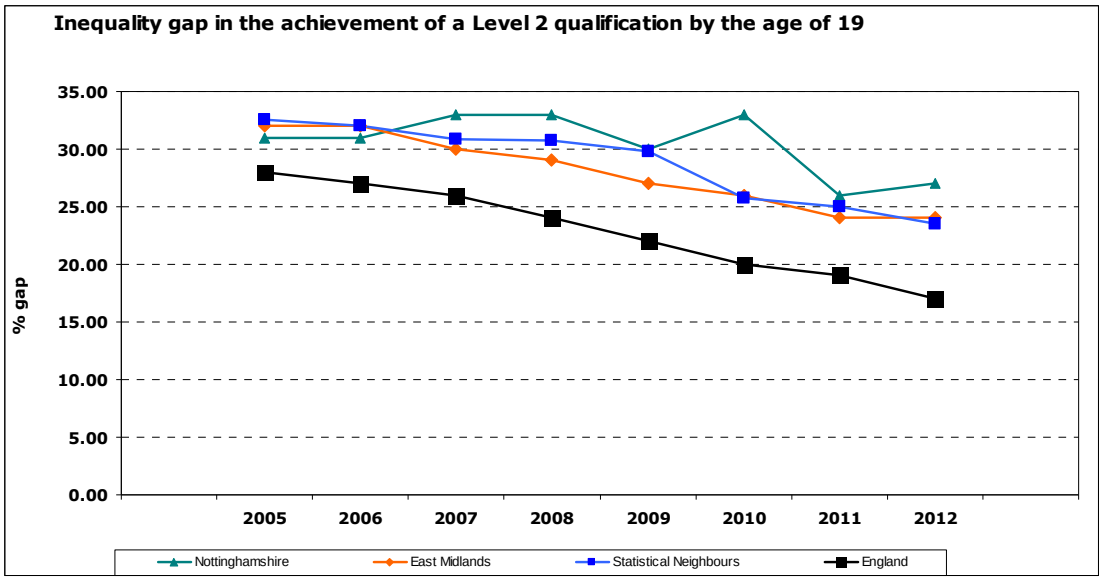
The gap in attainment at 19 between those formerly eligible for free school meals (FSM) at academic age 15 and those not eligible closed nationally at both Level 2 and Level 3. Locally the gap widened at Level 2 and closed at Level 3 (Tables 4.8.5, 4.8.7 and 4.8.8; Figures 4.8.6 and 4.8.9).

Table 4.8.5 Inequality gap in the achievement of a Level 2 qualification by the age of 19 (percentage points)

	2007	2008	2009	2010	2011	2012
Nottinghamshire	33.0	33.0	30.0	33.0	26.0	27.0
East Midlands	30.0	29.0	27.0	26.0	24.0	24.0
Statistical Neighbours	30.9	30.7	29.8	25.7	25.0	23.5
England	26.0	24.0	22.0	20.0	19.0	17.0

Source: DfE Local Area Interactive Tool, 2013

Figure 4.8.6



Source: DfE Local Area Interactive Tool, 2013

Table 4.8.7 Percentage of 19 year olds qualified to Level 3 in Nottinghamshire

Academic Year	FSM	Non-FSM	Level 3 Gap
2009/10	19%	48%	30%
2010/11	19%	51%	31%
2011/12	22%	52%	29%

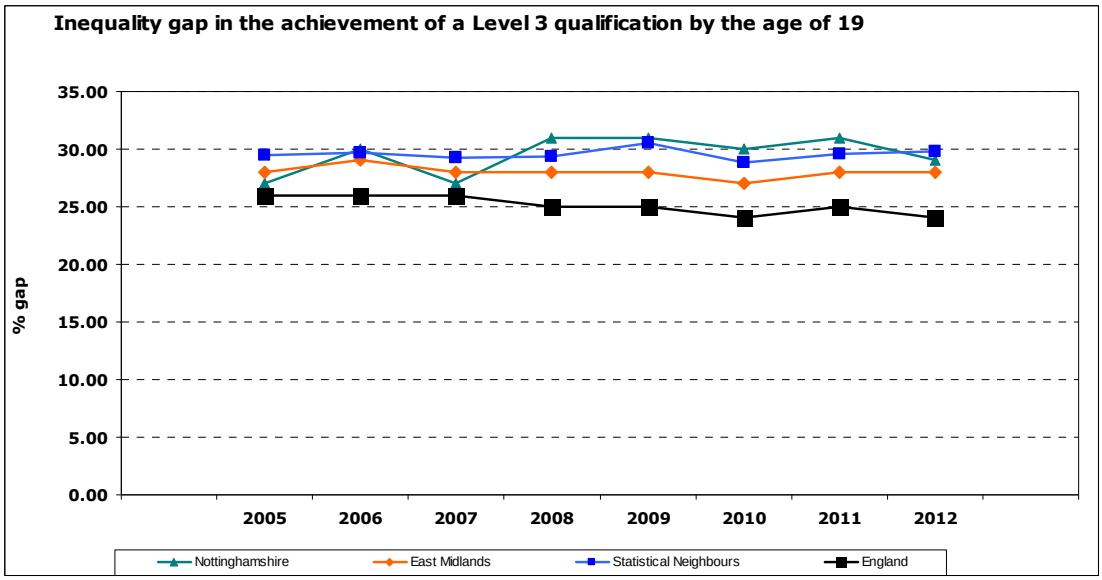
Source: Department for Education, 2013

Table 4.8.8 Inequality gap in the achievement of a Level 3 qualification by the age of 19 (percentage points)

	2007	2008	2009	2010	2011	2012
Nottinghamshire	27.0	31.0	31.0	30.0	31.0	29.0
East Midlands	28.0	28.0	28.0	27.0	28.0	28.0
Statistical Neighbours	29.3	29.4	30.5	28.8	29.6	29.8
England	26.0	25.0	25.0	24.0	25.0	24.0

Source: DfE Local Area Interactive Tool, 2013

Figure 4.8.9



Source: DfE Local Area Interactive Tool, 2013

Less than half of learners eligible for FSM at age 15 are subsequently recruited into school sixth forms. Only around 4% of sixth form learners are identified as being FSM eligible, compared to the 11% eligible for FSM in Year 11. This is undoubtedly a result in the gap in attainment between those from disadvantaged post codes and their peers at the end of Key Stage 4. The impact of the pupil premium in providing additional support for these learners has yet to be seen.

It is a challenge to schools to take more effective action to inspire those from disadvantaged backgrounds to believe that a sixth form learning experience is an appropriate one for them. The government's aspirations for increased social mobility and our own 'Closing the Gap' targets aim to redress this inequality.

1.3 National and local strategies

Key drivers in 16-19 education and training

National policy and funding changes for the year ahead are:

- the age of compulsory participation for young people will rise to the end of the academic year in which they turn 17
- the introduction of traineeships and supported internships to prepare young people for progression to apprenticeships as part of 16-19 study programmes
- the introduction of rigorous linear A-levels and a decoupled, standalone AS qualification (for first teaching in September 2015)
- the more demanding requirements for 16-19 study programmes, which will normally include both substantial qualifications and non-qualification activity, but can include programmes of extended work experience leading to work or education at a higher level
- all students who do not have a GCSE grade C in English and/or mathematics by the age of 16 will have to continue to study these subjects within their study programmes

- changes to improve the quality of the Apprenticeship Programme, and implementation of the agreed recommendations of the Richard Review
- new funding arrangements for high needs students aged 16 to 18 and 19 to 24 with a Learning Difficulty Assessment, whereby local authorities become responsible for element 3 top-up funding
- funding for 16-19 year olds will change from funding per qualification to funding per student, with a basic rate based on an average programme of 600 hours per year for a full-time student.

Local strategies

Closing the Gap

Published in March 2012, the Nottinghamshire Closing the Gap Strategy is a strategy "that directly responds to the moral imperative of ensuring that vulnerable children and young people achieve educational success by making accelerated progress which will maximise their life chances and secure their future economic well-being. We are determined to ensure that all our children and young people really do have the opportunity to fulfil their potential whatever their background. We shall work in partnership across the Council with other partners including schools and, of course, with children young people and their families".

The success performance measure related to 16-19 skills and education is to "reduce the attainment gap between FSM and non FSM young people achieving Level 3 at age 19 from a baseline of 30% to 24% by 2014".

Youth Employment Strategy

The Youth Employment Strategy identifies three themes for action:

- create more employment opportunities
- prepare young people for work
- improve transition pathways into work.

To support the delivery of the Youth Employment Strategy, Nottinghamshire County Council approved a one off revenue allocation of £500,000 in 2013/14 at its council meeting on 28 February 2013. Council officers have worked alongside Nottinghamshire Futures to develop proposals for the effective investment of this allocation.

The proposals cover the following key activities:

- Apprenticeship incentive payments to employers
- Promotion of apprenticeships to young people in school
- Promotion of apprenticeships to business
- Preparation of young people for apprenticeships.

These activities fit with the Youth Employment Strategy objectives and will be targeted at areas with relatively high youth unemployment. A target of 150 new apprenticeship starts for 2013 education leavers has been identified, correlated with the incentive package for businesses to recruit new apprentices.

Post-16 Improvement Strategy

The first comprehensive post-16 review of performance was commissioned by Nottinghamshire County Council in 2009, including the compilation of benchmarked performance data from all school sixth forms and colleges in Nottinghamshire. The outcomes were presented to officers, elected members and the Nottinghamshire 14-19 Partnership Board. A number of resulting actions have been initiated as a result, which has impacted on resulting performance.

A small number of key performance measures were chosen as the focus for improvement. These measures have been monitored throughout the subsequent academic years where individual school and college scores are shared with all providers, giving a benchmark for a common understanding of relative performance and identification for targets for improvement by individual provider.

A Post-16 Improvement Network has been established over the past two academic years, providing a forum for post-16 leaders in schools and colleges to come together to support and learn from local and national good practice. This has been supported within the Local Authority by an integration of the school improvement service and the 14-19 teams to provide a broad range of consultancy and expertise to support and challenge performance in schools.

1.4 Local views

Schools, colleges and training providers who deliver education and training to 16-19 year olds are autonomous institutions, accountable independently for the performance of their learners and the management of public funds allocated to them for that purpose. Gathering, listening and responding to the views of learners is the responsibility of the provider. The post-16 element of provision is assessed by Ofsted during inspection visits and contributes to the overall judgement.

1.5 Current activity and service provision

As champion of all young people, the local authority has a strategic role to understand the range and quality of provision available and to engage with education and training providers in order to support and develop new provision to meet identified gaps.

The Director of Children's Services chairs the termly meetings of the Nottinghamshire 14-19 Partnership Board, which has a remit to promote improvements in 16-19 performance in the county through partnership working. Schools, colleges, special schools and independent training providers are represented. The value and effectiveness of the Partnership Board is evidenced by the continuing commitment by the providers to attend meetings and support partnership working.

The good practice learnt in supporting school improvement through partnerships with other schools, particularly at Key Stage 4 through Raising Achievement Networks has been pursued to support improvement post-16. Examples are the Post-16 Leaders' and the Curriculum Leaders' Networks, both managed by the Education Improvement Service. The ethos of networks has been honest sharing of practice and experience in a mutually supportive learning environment. A cornerstone has been the sharing of an agreed a set of key performance indicators as the basis for

monitoring the performance of individual schools and colleges against local and national data.

The Local Authority also engages in a number of other fora to support its work as a strategic commissioner of provision for 16-19 year olds. It meets regularly with executive agencies of the Department for Education and the Department for Business, Innovation & Skills, the Education Funding Agency, the Skills Funding Agency and the National Apprenticeship Service.

2.0 What does this tell us?

2.1 What are the key inequalities?

The key inequalities in Nottinghamshire are:

- the attainment gap between FSM and non-FSM young people achieving Level 3 by age 19
- the variation in quality of provision in school sixth forms
- the lack of a supported and managed transition at age 16, as evidenced by drop-out rates and re-starts at age 17.

2.2 What are the gaps in service?

Gaps in service include:

- the emphasis on school league tables and Key Stage school performance up to age 15, and not engaging with all providers that support the performance of young people aged16-19
- lack of coordination of the funded interventions aimed at youth engagement and youth unemployment, specifically European Social Fund NEET reduction, Youth Contract, adult & community learning and Nottinghamshire County Council's Skills for Employment.

2.3 What are the gaps in knowledge?

Tracking the performance of young people pre- and post-16 can only be achieved centrally many years later by matching data from the pre- and post-16 sectors. A local agreement to openly share student information between school, post-16 destination and local authority is a first step in a more effective managed learning transfer at 16.

2.4 What are the risks of not delivering targets?

The main risks of not delivering targets are continued rising youth unemployment, increased inequality of opportunity, social division and a potential lost generation.

2.5 What is on the horizon?

Funding

- Complete review of school estate (Oct 2013)
- Development of a national funding formula (Feb 2016)

Accountability

- Data to show how 'coasting' schools compare with similar others (July 2013)
- Reviewed and reset floor standards for 2015 (Sept 2013)

Qualifications

- Introduction of traineeships for 16-19 year olds (August 2013)
- Structure and content of the new national curriculum (Sept 2013)
- Subject criteria for related GCSEs (Sept 2013)
- 16-19 Programmes of Study (Sept 2013)
- Teaching of new national curriculum (Sept 2014)
- Reform of A levels and Key Stage 5 vocational qualifications as part of Tech Bacc (Sept 2014)
- New A levels and GCSEs (Sept 2015)
- Key stage testing aligned to new national curriculum requirements (May 2016)
- Apprenticeship reform in line with Richard Review recommendations (Aug 2017)

School system change

- The 2015 wave of free schools, university technical colleges, studio schools (Jan 2014)
- SEN provision reform (Sept 2014)
- Review of Youth Contract (March 2015)
- Supporting better use of pupil premium through 'Closing the Gap' (Nov 2015)

Teachers

- Professional development of SEN co-ordinators (July 2013)
- Performance related pay progression (Sept 2013)
- Skills test for new entrants (Sept 2013)
- Leadership pay and teachers' conditions of service (Jan 2014)
- Designate 500 teaching schools (April 2014)
- Train 2,000 exceptional graduates a year as teachers through Teach First (July 2016)

FE and skills funding

- Introduction of 24+ fee loan system (Sept 2013)
- Completion of pilot of progress-based funding for English and maths (Sept 2013)

Skill development

- Identify low uptake vocational qualifications and confirm removal of funding (July 2013)
- Fund and support 75,000 additional adult apprenticeship places (March 2015)
- Fund and support an additional 40,000 apprenticeship places for young unemployed (March 2015)
- Fund and support an additional 10,000 advanced and higher apprenticeship places (March 2015)

Skills system

- Detailed strategy for local growth model (July 2013)
- Published complete set of key sector strategies (Sept 2013)
- Published evaluation of Community Learning Trust pilots (Sept 2013)
- Launch of new 'What Works Centre for Local Economic Growth' (Oct 2013)
- Approved second round of Employer Ownership of Skills pilots (Feb 2014)
- Completed contracting for Round 4 of the Regional Growth Fund (Feb 2014)
- Local Enterprise Partnerships helped to develop Local Growth Deals (April 2015)
- Student enterprise societies set up in colleges and universities (April 2015)

3.0 What should we be doing next?

The two main next steps should be:

- Redefining the remit of Partnership of Providers
- Engaging with providers for the European Social Fund, the Youth Contract and adult & community learning.

JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE

Children and Young People

5. Safety

Contents **Page**

5.1 Safeguarding children (last updated March 2013)

Key Messages

1. The volume of referrals to Children's Social Care in 2011/12 decreased by 21% from 2010/11 but remained above 2007/08 levels, and the percentage of re-referrals decreased by 29%.

2. The number of initial assessments decreased between 2010/11 and 2011/12 by 6%, and the total number of core assessments completed during 2011/12 more than doubled.

3. The volume of Section 47 enquiries initiated during 2011/12 rose by 17% compared with the previous year.

4. During 2011/12, there were 901 children who were the subject of a child protection plan (CPP), which represented a slight drop in the rate per 10,000 population on the previous year, but there has been an overall upward trend both locally and nationally since 2001/02.

5. The most common single reason children were the subject of a CPP was neglect (30.4% of cases). However, multiple categories of abuse made up over a third of cases (38.5%).

6. Around 8% of children with CPPs in 2011/12 were from a black and minority ethnic background, and nearly a third of all children with CPPs were in the 1-4 age range.

National and local context

Several factors can influence levels of activity in terms of child protection. These include:

- Deprivation
- Local perceptions of what constitutes significant harm and future risks
- The performance of early intervention measures in addressing problems before they become serious
- The availability of other supportive services
- Difficulties in recruiting and retaining experienced social work staff
- Data quality
- Unaccompanied asylum seeking children.

If there are reasonable grounds to suspect a child is suffering or is likely to suffer significant harm, a Section 47 (S47) enquiry is initiated. This may occur after an Initial Assessment. S47 enquiries are conducted by a social worker, jointly with the police. Where concerns are substantiated and the child is judged to be at continued risk of significant harm, an Initial Child Protection Conference (ICPC) is convened. Where a child protection conference determines that a child is at risk of significant harm, a multi-agency Child Protection Plan (CPP) is formulated to protect the child.

Thereafter, Child Protection Review Conferences (CPRC) are held at regular intervals to ensure that the child continues to be adequately safeguarded.
There have been a number of substantial national developments in the safeguarding environment over the last two years. In May 2011, Professor Eileen Munro published the final report of her review of child protection, followed in July of that year by the Government response which accepted most of her recommendations. This heralded new and less prescriptive ways of working, particularly within children's social care services, and an increased focus on early intervention to address the needs of children before statutory child protection measures become necessary. Work to make these reforms real and the challenges that this presents to services are ongoing.

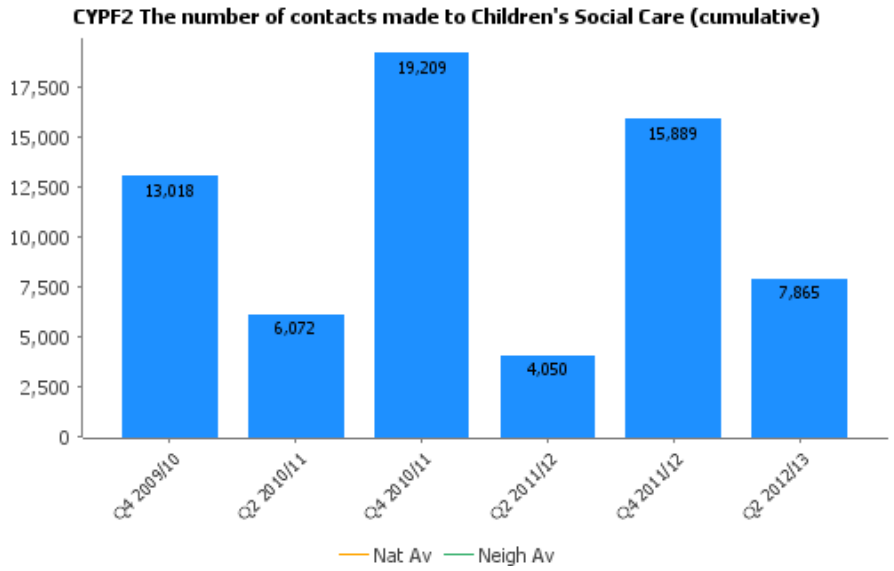
The reforms of the NHS have also continued and in Nottinghamshire many of the key organisational changes, such as the transfer of public health functions to the Local Authority, creation of Clinical Commissioning Groups and introduction of a Health and Wellbeing Board, have now taken place. As a backdrop to these developments all partner agencies have faced continued financial and resource pressures, challenging them to increasingly target their services where they can most effectively provide better outcomes for children and young people.

During 2012, Children's Social Care in Nottinghamshire developed and implemented a new operating model for the services it provides to the most vulnerable children and families in the county. The new operating model allows the service to be more resilient to the continued increasing demand for children's social care services, which has seen the numbers of children in the care of the Council and those subject to child protection plans reach unprecedented levels over the last three years. Safeguarding arrangements have been strengthened with the introduction of the Multi-Agency Safeguarding Hub (MASH), specialised teams for child protection, a dedicated service for Looked After Children and increased capacity in the Independent Chair Service.

The MASH was introduced in collaboration between the County Council and partner agencies in November 2012, and is designed to ensure that information relating to safeguarding concerns is shared at the first point of contact. The MASH provides a secure environment for information sharing between partners and embeds processes to ensure referrers receive clear feedback. The MASH will enable a faster, more coordinated and consistent response to safeguarding concerns about vulnerable children and an 'improved journey' for the child, as well as a reduced number of inappropriate referrals and re-referrals.

The number of contacts made to the County Council's Children's Social Care Department in the first half of 2012/13 was consistent with the expected level of demand (Figure 5.1.1), and was reflective of the work which has been done to enhance agencies' understanding of thresholds for statutory social care services. The Pathway to Provision document was revised for the implementation of the MASH to ensure that the service continues to receive appropriate contacts in the new operating model.

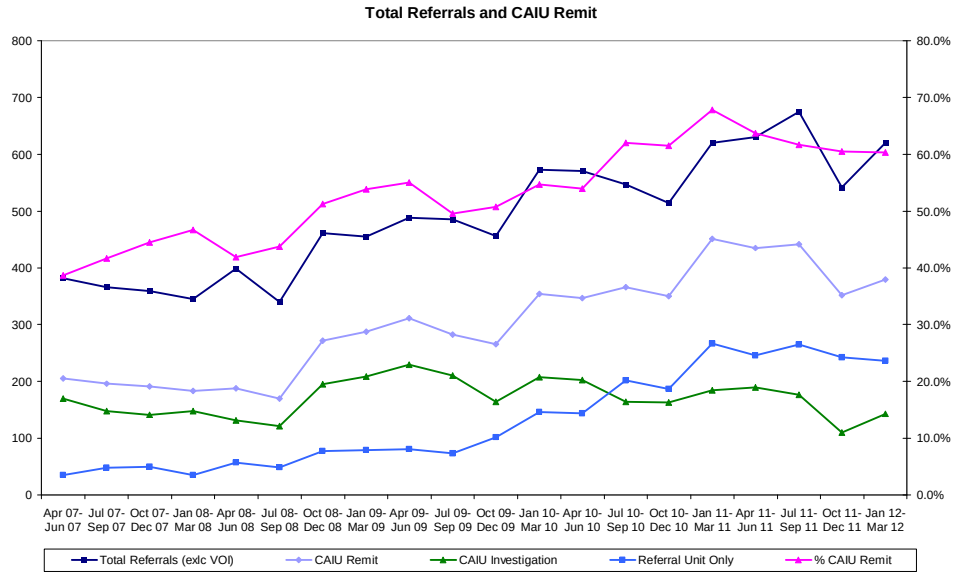
Figure 5.1.1



Source: Nottinghamshire County Council, 2013

The number of referrals in the remit of Nottinghamshire Police's Child Abuse Investigation Unit (CAIU) has increased over time but has seen a downward trend since the beginning of 2011 (Figure 5.1.2). Quarter 1 volume in 2012 was lower than in 2011, but quarter 1 in 2011 was the highest quarter in recent years and with a recent downward trend since then, a lower CAIU remit is to be expected.

Figure 5.1.2 Referrals to the Nottinghamshire Police Child Abuse Investigation Unit (2007-2012)



Source: Nottinghamshire Safeguarding Children Board Annual Report 2011/12

Safeguarding referrals[1]

The volume of referrals to Children's Social Care in 2011/12 decreased by 21% from 2010/11 but remained above 2007/08 levels, and the percentage of re-referrals decreased by 29% (Table 5.1.3). The total number of referrals (including re-referrals) during 2011/12 was 7,373, 1,802 (or 24%) of which occurred within 12 months of the previous referral.

Table 5.1.3 Safeguarding referrals

	2007/08	2008/09	2009/10	2010/11	2011/12
Total number of referrals of children who have been the subject of referral (including re-referral) during the year	6,971	8,464	9,736	9,298	7,373
Number of these children whose referral occurred within 12 months of previous referral	2,067	2,645	3,901	2,550	1,802
Percentage of referrals occurring within 12 months of previous referral	30%	31%	40%	27%	24%

Source: DfE Statistical First Release 27/2012

The volume of initial assessments (Table 5.1.4) also decreased between 2010/11 and 2011/12, from 7,175 to 6,715 (-6%). The actual number of assessments completed within timescale[2] increased from 4,709 to 5,461, with the overall proportion standing at 81%, above the 2007/08 level.

Table 5.1.4 Initial assessments

	2007/08	2008/09	2009/10	2010/11	2011/12
Initial assessments completed within timescale	3,808	3,106	2,856	4,709	5,461
Other initial assessments completed	993	1,675	2,317	2,466	1,254
Total number of initial assessments during year	4,801	4,781	5,173	7,175	6,715
Percentage of initial assessments completed within timescale	79%	65%	55%	66%	81%

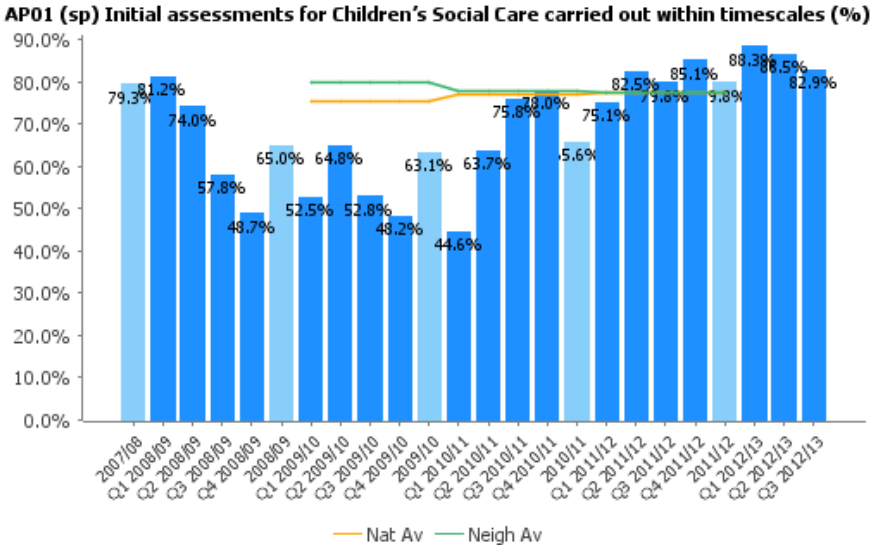
Source: DfE Statistical First Release 27/2012

Latest data (quarter 3 2012/13) indicates that 82.9% of initial assessments were completed within timescale, and that this performance has remained consistently strong over the previous two years (Figure 5.1.5). District level performance can be seen in Figure 5.1.6.

[1] Much of the data in this section is taken from the DfE's Statistical First Release, which is published in October/November each year.

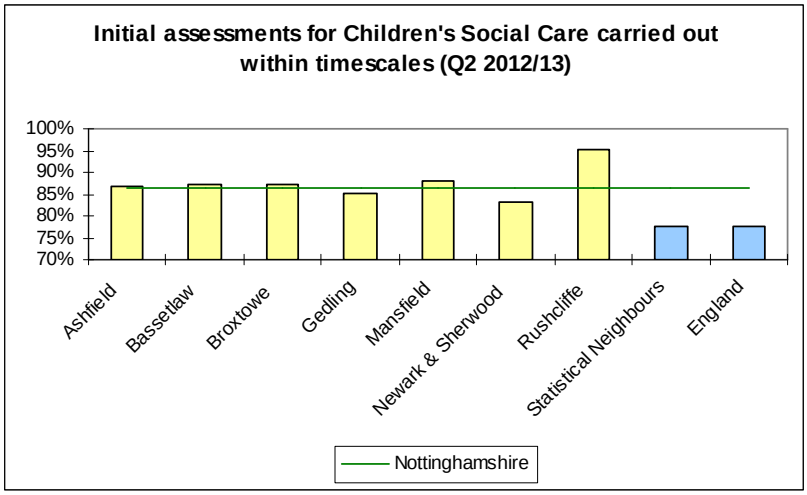
[2] Revised statutory guidance (Working Together to Safeguard Children 2010) changed the timescale for the completion of an initial assessment from 7 working days to 10 working days. This guidance took effect from 1st April 2010.

Figure 5.1.5



Source: Nottinghamshire County Council, 2013

Figure 5.1.6



Source: Nottinghamshire County Council, 2013 [National and statistical neighbour data is from 2011/12]

The total number of core assessments completed during 2011/12 more than doubled on the previous year (Table 5.1.7), a rise from 1,659 to 3,825 and the proportion completed within 35 working days of referral also increased from 66% to 76%.

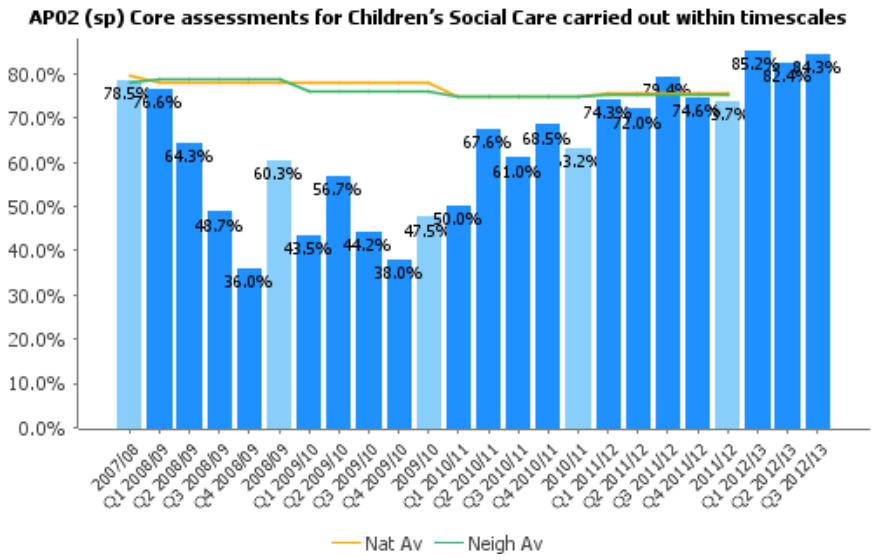
Table 5.1.7 Core assessments

	2007/08	2008/09	2009/10	2010/11	2011/12
Completed within 35 working days of initial assessment	1,175	560	430	1,049	2,891
Other core assessments completed	321	369	476	610	934
Total number of core assessments during year	1,496	929	906	1,659	3,825
Percentage of core assessments completed within 35 working days of referral	79%	60%	47%	66%	76%

Source: DfE Statistical First Release 27/2012

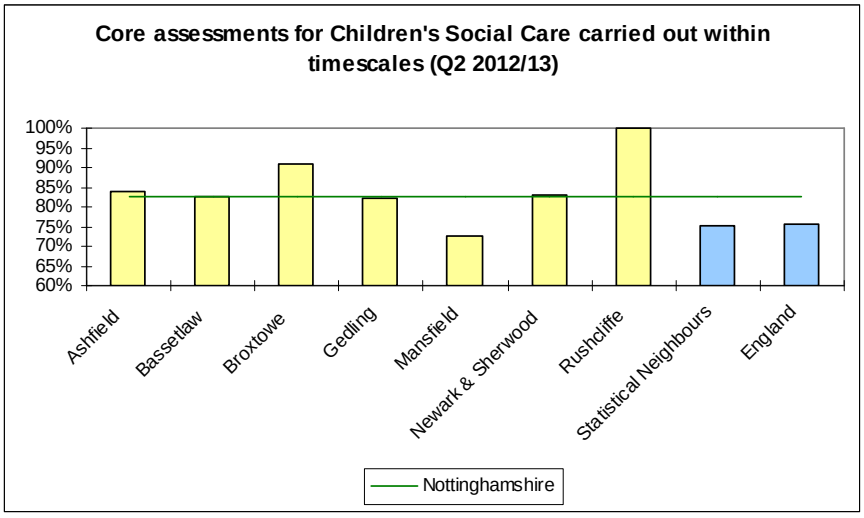
Latest data (quarter 3 2012/13) indicates that 84.3% of core assessments were completed within timescale, and that this performance has increased gradually over the previous two years (Figure 5.1.7). District level performance can be seen in Figure 5.1.9.

Figure 5.1.8



Source: Nottinghamshire County Council, 2013

Figure 5.1.9



Source: Nottinghamshire County Council, 2013 [National and statistical neighbour data is from 2011/12]

The volume of S.47 enquiries initiated during 2011/12 rose by 17% compared with the previous year (Table 5.1.10). There was, however, a decrease in the number of children who were the subject of initial child protection conferences (ICPCs) (-19%) and the proportion of ICPCs held within 15 working days of the initiation of the S.47 enquiry decreased from 86% in 2010/11 to 83% in 2011/12.

Table 5.1.10 Section 47 (S.47) enquiries and initial child protection conferences (ICPCs) held during the year

	2007/08	2008/09	2009/10	2010/11	2011/12
Number of children who were the subject of S.47 enquiries initiated during the year	812	891	1,172	1,906	2,228
Number of children who were the subject of ICPCs held during the year	531	537	647	1,030	838
Number of children whose ICPCs were held within 15 working days of the initiation of the S.47 enquiries which led to the conference	460	459	618	881	696
Percentage ICPCs held within 15 working days of the initiation of the S.47 enquiries which led to the conference	87%	85%	96%	86%	83%

Source: DfE Statistical First Release 27/2012

Table 5.1.11 shows increased levels of activity at the Section 47 stage and a stabilisation of the numbers that go on to the ICPC and child protection plan stages. A smaller proportion of Section 47 cases are leading on to ICPCs, which indicates that the threshold between the two stages is being more closely monitored.

Table 5.1.11 Stages of the safeguarding process

	2007/08	2008/09	2009/10	2010/11	2011/12
Number of children who were the subject of S.47 enquiries initiated during the year	812	891	1172	1906	2228
Number of children who were the subject of ICPCs held during the year	531	537	647	1030	838
Number of children whose ICPCs were held within 15 working days of the initiation of the S47 enquiries which led to the conference	460	459	618	881	696
Percentage ICPCs held within 15 working days of the initiation of the S47 enquiries which led to the conference	87%	85%	96%	86%	83%

Sources: DfE Statistical First Release 27/2012 & Nottinghamshire Safeguarding Children Board Annual Report 2011/12 [ICPC = Initial child protection conference]

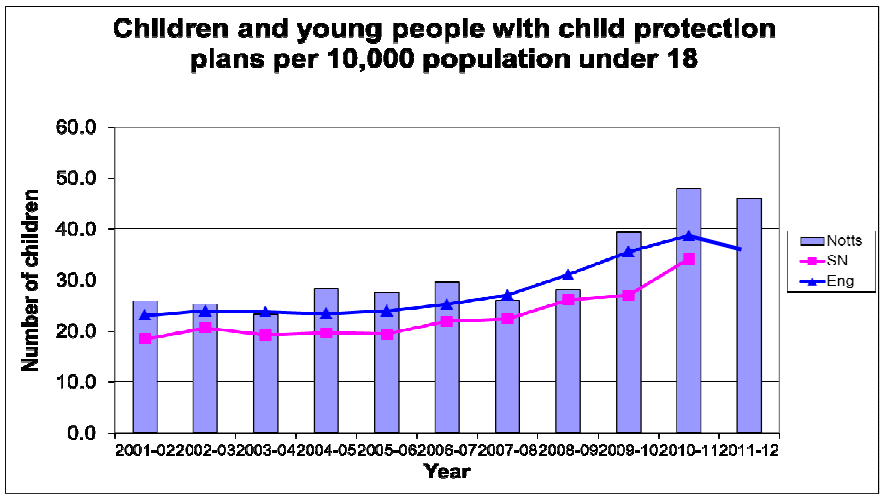
Child protection plans (CPP)

The decision for a child to become subject to a CPP, or for a plan to cease, is that of independent Child Protection Coordinators who chair all child protection conferences. There has been a slight decrease in the number of children who are the subject of a CPP - across the county there was a fall of 5% between snapshots taken on 31 March 2011 and 31 March 2012. On 31 March 2012, there were 720 children on a CPP (compared to 760 the previous year), which equates to 44.4 per 10,000 0-18 year olds. This compared to the national rate of 37.8 per 10,000.

During the full year of 2011/12, there were 901 children who were the subject of a CPP in total. Figure 5.1.12 shows the slight recent drop in the rate of children who are the subject of a child protection plan per 10,000 population, but the overall

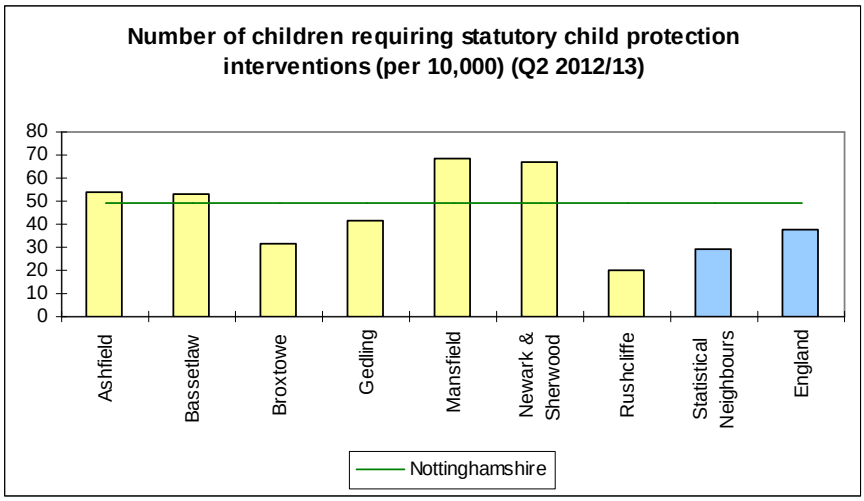
upward trend both locally and nationally since 2001/02. At the end of quarter 3 2012 the rate stood at 47.2, which equated to 765 children. District level data indicates higher rates in Mansfield and Newark & Sherwood, and the lowest in Rushcliffe (Figure 5.1.13).

Figure 5.1.12



Source: Nottinghamshire Safeguarding Children Board Annual Report 2011/12

Figure 5.1.13



Source: Nottinghamshire County Council, 2013 [Statistical neighbour and England data from 2011/12]

In terms of gender, there were only five more male children (439 or 48.7%) who were the subject of a CPP than female children (434 or 48.2%) during the year 2011/12. The ages of children subject of a CPP can be seen in Table 5.1.14, with the highest numbers in the 1-4 (30.3%) and 5-9 (25.6%) age range.

Table 5.1.14 Age of children who are the subject of a Child Protection Plan during the year of 2011/12 (1 April 2011 to 31 March 2012)

Age	2011/12	
	Number	%
Unborn children	28	3.1
Aged under 1 year	147	16.3
Aged 1-4 years	273	30.3
Aged 5-9 years	231	25.6
Aged 10-15 years	200	22.2
16 and over	22	2.4
TOTAL	901	100

Source: DfE Statistical First Release 27/2012

The proportion of black and minority ethnic (BME) children with a CPP has remained steady at between 7% and 8% over the last three years (Table 5.1.15), which equates to the 2009 estimated 7.8% BME young population in Nottinghamshire.

Table 5.1.15 Ethnic origin of children with a Child Protection Plan

Ethnicity	As at 31/03/2010		As at 31/03/2011		As at 31/03/2012	
	No.	%	No.	%	No.	%
White	560	89%	681	90%	602	84%
Mixed	49	8%	45	6%	48	7%
Asian or Asian British	0	0%	5	1%	6	1%
Black or Black British	*	*	*	*	*	*
Other ethnic groups	*	*	*	*	*	*
Refused/not obtained	13	2%	24	3%	61	8%

Sources: DfE Statistical First Release 27/2012 & Nottinghamshire Safeguarding Children Board Annual Report 2011/12 [* Number below five and suppressed. Percentages are rounded so may not add up to 100.

The most common single reason children were the subject of a CPP as at 31 March 2012 was neglect (30.4% of cases) (Table 5.1.16). However, multiple categories of abuse made up over a third of cases (38.5%).

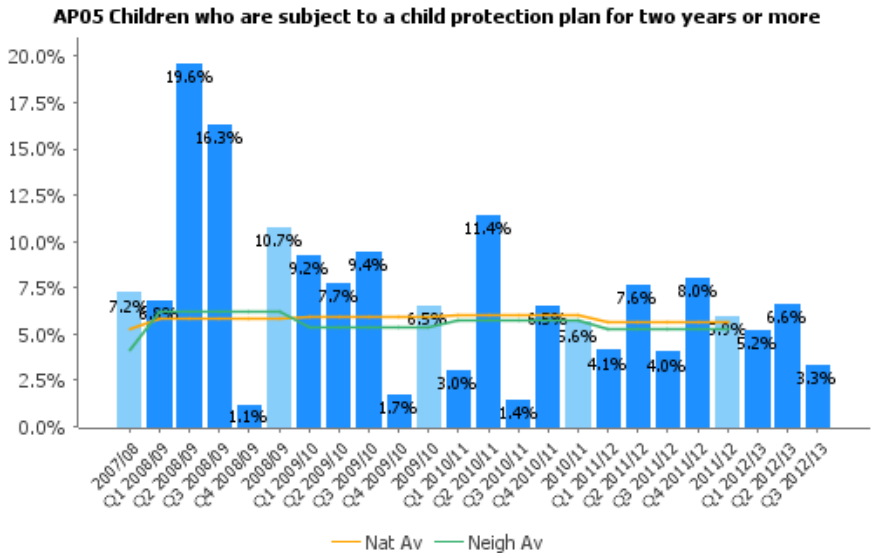
Table 5.1.16 Child protection category for children with a Child Protection Plan as at 31st March 2012

Child Protection Category	Number	%
Emotional	124	17.2%
Neglect	219	30.4%
Physical	47	6.5%
Sexual	53	7.4%
Multiple categories of abuse	277	38.5%

Source: DfE Statistical First Release 27/2012

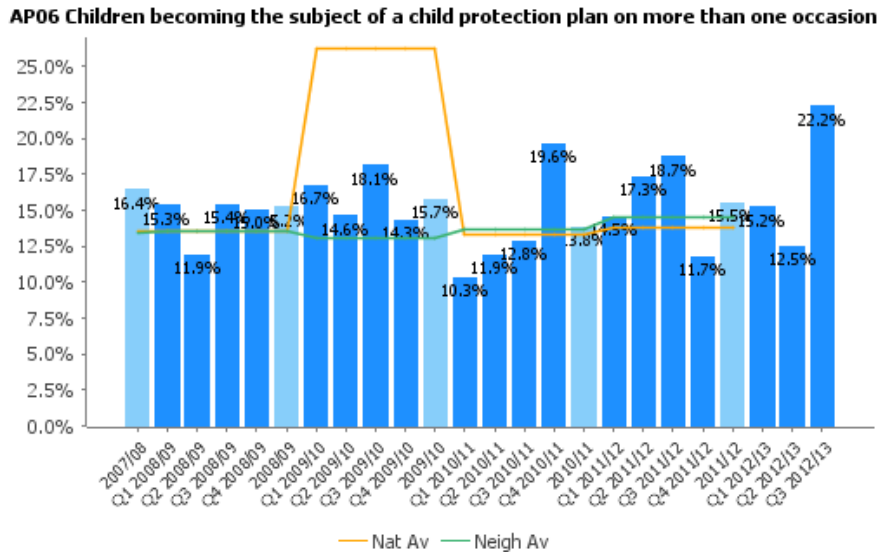
Children subject to plans for two years or more are given particular attention by child protection coordinators, who review all cases of children who have child protection plans. The figure at quarter three of 2012/13 was 3.3% (Figure 5.1.17). Trends for children becoming the subject of a child protection plan on more than one occasion can be seen in Figure 5.1.18.

Figure 5.1.17



Source: Nottinghamshire County Council, 2013

Figure 5.1.18



Source: Nottinghamshire County Council, 2013

Participation in child protection processes

It is often not appropriate for the child subject to be physically present at a child protection conference because of the difficult nature of the meeting. However, it is important to seek the child's opinions beforehand and ensure that these are presented to the conference. Tables 5.1.19 and 5.1.20 below show the participation of agencies and families at ICPCs and Review Child Protection Conferences (RCPCs) between April 2011 and March 2012. Agencies either attended or sent reports, the lowest levels being among general practitioners. Nearly four fifths (79.7%) of parents attended ICPCs and over two thirds (70.5%) attended RCPCs.

Table 5.1.19 Attendance at Initial Child Protection Conferences between 1st April 2011 and 31st March 2012

Agencies:	Invited	Attended	Sent Report	Sent Apologies	Participated	% Attended	% Participated
Parent/ stepparent/ partner of parent	1020	813	5	113	815	79.7	79.9
Friends/supporter	65	63		1	63	96.9	96.9
Other Family Member	285	270	3	10	270	94.7	94.7
Other Household Member	17	17		0	17	100.0	100.0
CYPS - Responsible service manager	2	1		0	1	50.0	50.0
CYPS - Responsible social worker	574	502	471	62	547	87.5	95.3
CYPS - Responsible team manager	245	142	7	100	144	58.0	58.8
CYPS - EDT	2	2		0	2	100.0	100.0
CYPS - Educational psychologist	7	4	2	3	6	57.1	85.7
CYPS - Educational Welfare Officer	41	21	13	17	27	51.2	65.9
CYPS - Other social worker	212	188	20	21	191	88.7	90.1
CYPS - Other team manager	39	34	1	5	34	87.2	87.2
CYPS - Residential worker	2	2		0	2	100.0	100.0
CYPS - Student social worker	35	34	2	1	34	97.1	97.1
CYPS - Targeted family support services	226	168	72	44	182	74.3	80.5
CYPS - Trainee social worker	25	25	8	0	25	100.0	100.0
CYPS - Youth Offending Service	16	10	11	5	13	62.5	81.3
CYPS - Youth Services	2	2	1	0	2	100.0	100.0
CYPS - Other staff	72	58	15	8	61	80.6	84.7
Foster carer	11	9	1	2	9	81.8	81.8
School	505	367	269	100	411	72.7	81.4
Police - CAIU	140	64	36	56	76	45.7	54.3
Police - Divisional	146	67	33	59	90	45.9	61.6
Police - Domestic Abuse Unit	25	6	9	14	13	24.0	52.0
Probation	112	62	65	45	87	55.4	77.7
Legal Services	48	45		1	45	93.8	93.8
Voluntary organisation	8	5	4	2	7	62.5	87.5
Health (County) - Consultant paediatrician	67	12	32	42	34	17.9	50.7
Health (County) - GP	369	15	120	269	128	4.1	34.7
Health (County) - Health visitor	332	272	200	54	306	81.9	92.2
Health (County) - Mental health worker	53	23	21	22	33	43.4	62.3
Health (County) - Midwife	149	96	64	47	114	64.4	76.5
Health (County) - School nurse	250	179	155	64	223	71.6	89.2
Health (County) - Substance misuse worker	74	42	44	28	61	56.8	82.4
Health (Bassetlaw) - Consultant paediatrician	18	1	8	10	9	5.6	50.0
Health (Bassetlaw) - GP	103	6	40	68	43	5.8	41.7
Health (Bassetlaw) - Health Visitor	87	79	59	7	83	90.8	95.4
Health (Bassetlaw) - Mental health worker	9	5	3	3	6	55.6	66.7
Health (Bassetlaw) - Midwife	39	24	20	12	28	61.5	71.8
Health (Bassetlaw) - School nurse	75	60	48	13	68	80.0	90.7
Health (Bassetlaw) - Substance misuse worker	22	9	11	11	14	40.9	63.6
Other involved professional	603	364	182	180	428	60.4	71.0
OLA - Social Care	28	18	12	8	21	64.3	75.0
OLA - School	9	9	7	0	9	100.0	100.0
OLA - GP	5	1	1	3	2	20.0	40.0
OLA - Health visitor	6	5	2	1	5	83.3	83.3
OLA - Midwife	5	2		3	2	40.0	40.0
OLA - Police	5	3	1	2	3	60.0	60.0
OLA - Other involved professional	75	50	19	23	54	66.7	72.0
OLA - Voluntary organisation	1	1	1	0	1	100.0	100.0
Total	**6266**	**4257**	**2098**	**1539**	**4849**	**67.9**	**77.4**

Source: Nottinghamshire Safeguarding Children Board Annual Report 2011/12
[CYPS – Children & Young People's Services; CAIU – Child Abuse Investigation Unit; GP – General Practitioner; EDT – Emergency Duty Team; OLA – other local authority]

Table 5.1.20 Attendance at RCPCs between 1st April 2011 and 31st March 2012

Agencies:	Invited	Attended	Sent Report	Sent Apologies	Participated	% Attended	% Participated
Parent/ stepparent/ partner of parent	2083	1468	3	329	1468	70.5	70.5
Friends/supporter	91	82	1	4	82	90.1	90.1
Other Family Member	507	420		55	420	82.8	82.8
Other Household Member	18	14		4	14	77.8	77.8
CYPS - Responsible service manager	6	6	1	0	6	100.0	100.0
CYPS - Responsible social worker	1160	983	994	141	1094	84.7	94.3
CYPS - Responsible team manager	302	79	6	217	82	26.2	27.2
CYPS - EDT	1	1		0	1	100.0	100.0
CYPS - Educational psychologist	18	7	1	6	7	38.9	38.9
CYPS - Educational Welfare Officer	77	59	26	14	62	76.6	80.5
CYPS - Other social worker	225	189	23	26	194	84.0	86.2
CYPS - Other team manager	7	4		3	4	57.1	57.1
CYPS - Residential worker	4	4	2	0	4	100.0	100.0
CYPS - Student social worker	46	44	3	1	45	95.7	97.8
CYPS - Targeted family support services	566	392	258	144	452	69.3	79.9
CYPS - Trainee social worker	37	32	12	5	33	86.5	89.2
CYPS - Youth Offending Service	14	11	8	2	13	78.6	92.9
CYPS - Youth Services	4	3	2	1	3	75.0	75.0
CYPS - Other staff	166	110	45	43	119	66.3	71.7
Foster carer	43	33	3	8	34	76.7	79.1
School	1190	923	638	202	1000	77.6	84.0
Police - CAIU	35	9	6	20	14	25.7	40.0
Police - Divisional	108	54	5	34	56	50.0	51.9
Police - Domestic Abuse Unit	21	7	4	9	8	33.3	38.1
Probation	211	117	108	76	143	55.5	67.8
Legal Services	110	102		1	102	92.7	92.7
Voluntary organisation	38	29	15	8	32	76.3	84.2
Health (County) - Consultant paediatrician	107	9	21	50	29	8.4	27.1
Health (County) - GP	761	18	132	494	145	2.4	19.1
Health (County) - Health visitor	692	586	520	96	661	84.7	95.5
Health (County) - Mental health worker	69	25	12	27	27	36.2	39.1
Health (County) - Midwife	102	60	33	34	68	58.8	66.7
Health (County) - School nurse	599	464	384	121	527	77.5	88.0
Health (County) - Substance misuse worker	112	66	60	41	84	58.9	75.0
Health (Bassetlaw) - Consultant paediatrician	42	3	4	12	7	7.1	16.7
Health (Bassetlaw) - GP	236	4	70	150	72	1.7	30.5
Health (Bassetlaw) - Health Visitor	192	164	155	26	184	85.4	95.8
Health (Bassetlaw) - Mental health worker	16	5	2	9	6	31.3	37.5
Health (Bassetlaw) - Midwife	18	10	8	6	12	55.6	66.7
Health (Bassetlaw) - School nurse	186	146	142	32	173	78.5	93.0
Health (Bassetlaw) - Substance misuse worker	58	33	23	19	43	56.9	74.1
Other involved professional	1293	764	362	362	864	59.1	66.8
OLA - Social Care	13	7	2	2	7	53.8	53.8
OLA - School	21	20	10	1	21	95.2	100.0
OLA - Foster carer	5	3		2	3	60.0	60.0
OLA - GP	12			7		0.0	0.0
OLA - Health visitor	9	5	4	2	7	55.6	77.8
OLA - Midwife	2			2		0.0	0.0
OLA - Police	1	1		0	1	100.0	100.0
OLA - Other involved professional	125	82	38	37	87	65.6	69.6
Total	**11759**	**7657**	**4146**	**2885**	**8520**	**65.1**	**72.5**

Source: Nottinghamshire Safeguarding Children Board Annual Report 2011/12
[CYPS – Children & Young People's Services; CAIU – Child Abuse Investigation Unit; GP – General Practitioner; EDT – Emergency Duty Team; OLA – other local authority]

Serious case reviews and the Child Death Overview Panel

Serious case reviews (SCRs) are undertaken when a child dies and abuse or neglect is suspected or in some circumstances when a child is seriously harmed as a result of abuse and there are concerns about the way agencies have worked together. The purpose behind instigating a serious case review is to establish what lessons can be learned about the way local professionals and organisations work individually and together to safeguard children. A key part of the serious case review is to identify

what needs to change in order to improve safeguarding in the future and to agree actions and timescales in which to bring that about.

The SCR sub-group of the Nottinghamshire Safeguarding Children Board (NSCB) met on nine occasions during 2011/12 and considered the circumstances of eight cases. One serious case review was completed and submitted to Ofsted during this time. The evaluation of the review by Ofsted concluded the following[3]:

- The NSCB had a robust process in place to conduct the review.
- Individual management reviews prepared by agencies were comprehensive
- The review had been completed to a very high standard with the quality of analysis throughout described as exceptionally high.
- A high level of effective learning had been enabled with robust recommendations and actions.

Arrangements are in place to ensure that whenever a child dies unexpectedly the immediate response of agencies is coordinated effectively. Subsequently all child deaths, whether they were expected or unexpected, are reviewed by, a multi-disciplinary panel known as the Child Death Overview Panel (CDOP).

The purpose of the CDOP is to ensure that through a process of multidisciplinary review of child deaths, the NSCB will better understand how and why children in the local authority area die and incorporate any lessons learned into strategic planning. The child death review includes:

- An evaluation of the information about the child's death
- An assessment of the preventability of the death through the identification or otherwise of modifiable factors
- Consideration of any issues relating to the effectiveness of the review
- Identification of lessons to be learnt and/or recommendations as appropriate

Table 5.1.21

Summary of Nottinghamshire Child Death Review Process activities 2011-2012	
Number of child deaths were notified to NSCB between April 2011 to March 2012	44
Number of child deaths where the review of the child's death has been completed by NSCB CDOP.	40
Of the deaths where the review was completed, the number the panel assessed as having modifiable factors	12
Of the deaths where the review was completed, the number the panel assessed as not having modifiable factors	28
Of the deaths where the review was completed, the number identified as unexpected.	14
Of the deaths where the review was completed, the number identified as expected.	26
Number of cases pending completion in 2012/2013	18

Source: Nottinghamshire Safeguarding Children Board Annual Report 2011/12

[3] The Overview Report and Executive Summary for this review have been published and can be found on the NSCB webpage www.nottinghamshire.gov.uk/nscb

A key aspect of the review is the professional assessment of whether future deaths are preventable, that is to say are there factors which could be modified through local or national interventions to reduce the risk of future deaths, the panel then considers what actions are necessary. During 2011/2 the panel identified 12 cases where it considered there to be modifiable factors (Table 5.1.21). The modifiable factors included safer sleeping arrangements for babies, the risk of premature birth linked to high maternal Body Mass Index and the risk of smoking. Since its inception, the panel has also reviewed a number of fatalities involving older teenagers who have been involved in collisions whilst crossing the road. Similarities between the cases such as being distracted whilst crossing the road, crossing at a pedestrian crossing point but failing to observe the signals and in the case of cyclists not wearing helmets have been identified and the panel is exploring ways that road safety messages to young people can effectively be delivered.

5.2 Child sexual exploitation[4] (last updated September 2013)

Key Messages

1. During 2012, Nottinghamshire Police investigated 129 cases of child sexual exploitation (CSE), as well as 71 cases of grooming and four cases of trafficking (data is across Nottingham City and Nottinghamshire County).

2. The number of cases categorised as being linked to CSE has increased dramatically over the last couple of years, and the number of grooming cases has also risen.

3. Any child is potentially at risk of being sexually exploited, but some children are more vulnerable than others, such as those who go missing from home or care; where there is bullying or gang links; or where there are family difficulties such as parental domestic violence, mental health issues or drug and alcohol misuse.

4. During 2012/13, Nottinghamshire County Council held 73 strategy meetings in relation to 34 children who were either at risk of, or were being, sexually exploited.

5. National research would indicate that we have a gap in our understanding of the scale of the problem of CSE in Nottinghamshire. It is likely that as resources become more available, the numbers of children who are referred to services may increase.

6. At present in the county, there are no specialist resources targeted at young people who are at risk of, or experiencing, CSE, particularly from a therapeutic perspective.

7. There is a cross-authority multi-agency group working to further improve the identification and response to those children and young people at risk of or being sexually exploited. The group is also looking at the strategic developments required, such as consideration of a multi-agency co-located approach to CSE.

1. What do we know?

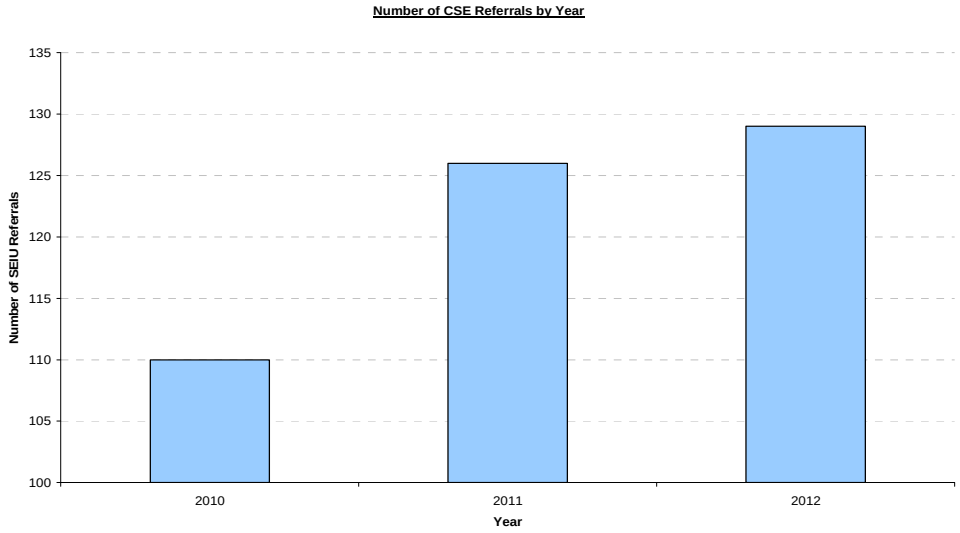
1.1 Facts and figures

At present, national research would indicate that in Nottinghamshire there is not a full understanding of the extent of the problem, as many cases of child sexual exploitation (CSE) go unrecognised or are not reported to services. There is police and children's social care data - but this relates to those cases which have come to the attention of the police and children's social care, have met the threshold and have been labelled as CSE. It is therefore likely to be an underestimate of the problem.

[4] Police data in this section includes both Nottingham City and Nottinghamshire County cases.

In Nottinghamshire during 2012/13, Nottinghamshire County Council's Children's Social Care co-ordinated 73 CSE strategy meetings in relation to 34 children. Nottinghamshire Police data in Figure 5.2.1 indicates that the numbers of cases which have been categorised as being linked to CSE have increased dramatically over the last couple of years.

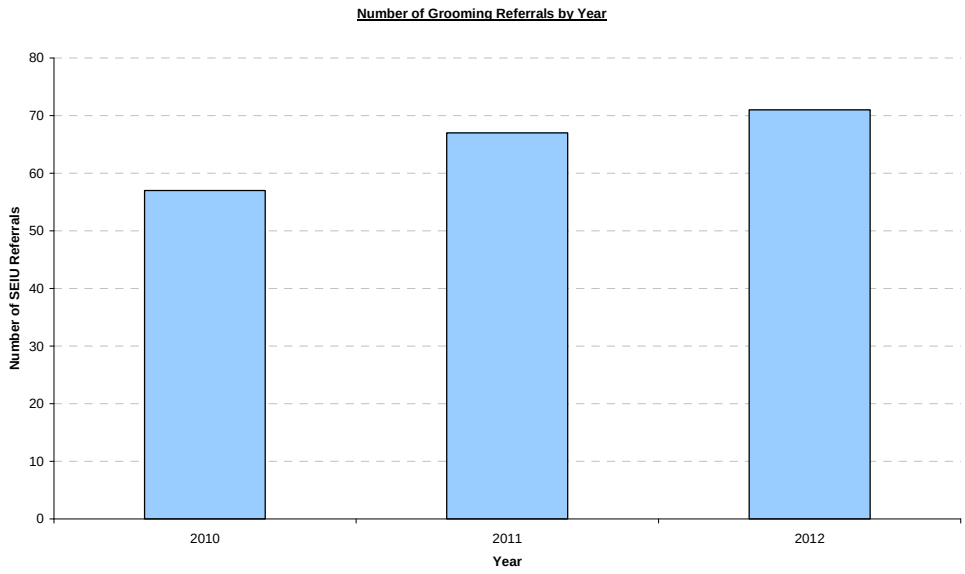
Figure 5.2.1 Number of child sexual exploitation referrals to Nottinghamshire Police's Sexual Exploitation Investigation Unit (2010-2012)



Source: Nottinghamshire Police, 2013 [Data includes Nottingham City and Nottinghamshire County cases.]

The number of grooming cases has also increased over the last two years, as can be seen in Figure 5.2.2 below.

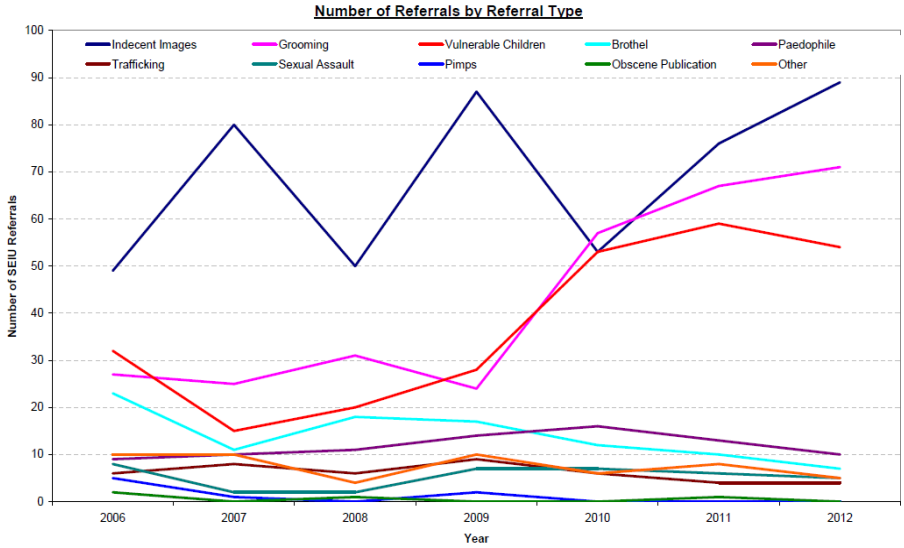
Figure 5.2.2 Number of grooming referrals to Nottinghamshire Police's Sexual Exploitation Investigation Unit (2010-2012)



Source: Nottinghamshire Police, 2013 [Data includes Nottingham City and Nottinghamshire County cases.]

Figure 5.2.3 gives an indication of the complexities of cases being dealt with by Nottinghamshire Police's Sexual Exploitation Investigation Unit (SEIU) and which may or may not relate directly to CSE. There is a drive to ensure that the data collated in terms of police referrals more readily reflects that of CSE. There are likely to be cases which have been recorded as 'child abuse', rather than specifically as child sexual exploitation.

Figure 5.2.3 Number and type of referral to Nottinghamshire Police's Sexual Exploitation Investigation Unit (2006-2012)



Source: Nottinghamshire Police, 2013 [Data includes Nottingham City and Nottinghamshire County cases.]

In terms of who is at risk of CSE, it is important to recognise that any child may be at risk, particularly in the increasing world of social networking and multi-media outlets which adult perpetrators can access relatively easy if there are no safeguards (and even where there are safeguards, if they are intent on doing so) (see Section 5.9 – Bullying and E-Safety). Both boys and girls and young men and women can be at risk, and the age range at which children are vulnerable is also wide.

However, there are some children and young people who may be particularly vulnerable, for a number of reasons. These include:

- runaway and missing children/young people
- children/young people with special needs
- children/young people in or leaving care
- migrant children/young people
- children/young people disengaged from education
- children/young people involved in gangs
- children/young people where there is domestic violence in the family or bullying in school
- children/young people where there is a family association with sex offenders
- children/young people who have parents with a high level of vulnerability, for example, drug, alcohol or mental health issues.

This list is not exhaustive and it must be stressed that any child can potentially become a victim of child sexual exploitation.

Local data in relation to children and young people who run away from home or care and the risks that they have experienced, or may be at risk of, is not extensive. However, the data that we do have indicates that the risk of sexual exploitation or associating with an adult who may pose a risk is present for a number of young people. Where information was provided in relation to risk issues arising from going missing, 7% or 54 children were considered to be at risk of sexual exploitation in 2012/13.

1.2 Targets and performance

Research and experience indicates that local authorities and police forces struggle to provide coherent data about CSE, so there is no viable way to compare the incidences of CSE between different local authorities or police forces. In part this is because there is no national data set or consistent way of recording such cases. There are no national benchmarks and therefore no opportunity to judge our performance in Nottinghamshire against other local authorities or police forces. The government has, however, indicated that local authorities and partners should use a data monitoring tool devised by the University of Bedfordshire, which may lead to a position where more comparative data is available.

Based on this, as well as other factors, locally there is a drive to ensure that the police and children's social care record cases of CSE in a more consistent manner, which allows collation and analysis of data to shape and drive forward practice. This work is in its early stages but is in progress.

1.3 National and local strategies

For CSE work in Nottinghamshire, the Local Authority and partner agencies work in accordance with the national statutory guidance, *Safeguarding Children and Young People from Sexual Exploitation (2009),* which is issued under the Department for Education's statutory guidance *Working Together 2013*. Agencies are also mindful of the *Tackling Child Sexual Exploitation – Action Plan (2011 + update 2012)* and the All Party Parliamentary Group *Report from the joint enquiry into children who go missing from care (2012),* which has a strong emphasis on the risk of CSE for children in care. Locally (jointly with Nottingham City Council) there is a *Safeguarding Children and Young People from Sexual Exploitation* (November 2011) procedure which is issued under the Nottinghamshire Safeguarding Children Board (NSCB). CSE is also an NSCB business plan strategic priority.

Locally, in response to a number of national drivers and a recognition that good practice needs to continue to evolve and reflect the changing nature of CSE, a multi-agency CSE cross-authority (with Nottingham City Council) group was established, chaired by the police. This group has produced a strategy and action plan which agencies are working towards. The group has a number of sub-groups which are looking at issues such as data, engagement with young people, awareness-raising with professionals and models of working.

1.4 Local views

Further work needs to be undertaken to engage with young people and families in relation to CSE work. In terms of professional views, representatives sit on the cross-authority group and are therefore in a position to shape the progress of CSE work.

1.5 Current activity and service provision

As indicated above, there is a local protocol issued under the Nottinghamshire Safeguarding Children Board which professionals work to. A significant aspect of the protocol is that where there is a level of concern about a child either being sexually exploited, or at risk of being so, that strategy meetings are held. These meetings are chaired by independent child protection chairs. The aim of the meeting is to co-ordinate work, with the young person and their family, to reduce the level of risk to the young person.

There is considerable activity aligned to the cross-authority group referred to in paragraph 1.3 above, which includes training and awareness-raising for professionals, as well as awareness-raising for young people (certain schools) through a theatre production.

The Local Authority is actively exploring options in relation to a voluntary agency providing a specialist worker to undertake intervention work with young people where there are indicators of CSE.

2.0 What does this tell us?

2.1 What are the key inequalities?

We can see from the data that there are children in Nottinghamshire who have experienced, and are experiencing, sexual exploitation. The research does indicate that the knowledge and data that we do have is not necessarily the whole picture and that it is probably an underestimate of the problem.

2.2 What are the gaps in service?

At present in the county, there are no specialist resources targeted at young people who are at risk of, or who are experiencing, CSE, particularly from a therapeutic perspective. As indicated, there is a potential short term partnership with a voluntary agency to offer some minimal support, but this is at the early stages of discussions. This is an issue which will need to be discussed further during 2013/14 and an area of which commissioners may wish to be mindful.

2.3 What are the gaps in knowledge?

Research would indicate that we have a gap in our understanding of the scale of the problem of CSE in Nottinghamshire. It is likely that as resources become more available, the numbers of children who are referred to services may increase. This is something that will need to be prepared for and responded to as appropriate.

Of the children that we do know about, unfortunately there is no further demographic information available (at this time) to contribute to this report or to our understanding of the issue.

2.4 What are the risks of not delivering targets?

Research and professional awareness indicate that the costs of not adequately responding to the issue of CSE are significant both from an individual's health and wellbeing point of view and from an organisational and societal perspective, i.e. health and criminal justice costs.

2.5 What is on the horizon?

There are a number of drivers in the field of CSE nationally and locally. Nationally, CSE remains high profile politically and in the media, driven by a number of key players and the voluntary sector in particular (agencies include Barnardos, The Children's Society, the University of Bedfordshire and the National Working Group). There have also been a number of high profile media stories detailing CSE case failings in different authorities such as Rochdale and, more recently, in Oxford. In these cases there has been significant criticism of both children's social care and the police for failing to respond appropriately to concerns about possible sexual exploitation of children.

As referred to elsewhere in this report, locally the driver for work is through the auspices of the Nottinghamshire Safeguarding Children Board and the CSE cross-authority group which is chaired by the police. The cross-authority group has a number of specific work streams to which it is working, in order to drive forward standards and practice in line with new guidance and research:

- Training and awareness-raising of professionals
- Engaging with children and raising their awareness
- Data collection and analysis
- Models of working.

The most significant area of work is around models of working and a variety of options are being considered, including a multi-agency co-located approach to CSE. The other streams of work are no less significant and involve commitment and investment from partner agencies. A particularly interesting approach is a theatre production that will be rolled out to young people across a number of City and County schools during 2013/14.

3.0 What should we be doing next?

- Work continues to the CSE cross-authority group strategy and action plan.
- Commissioners will be asked to consider different approaches to working with CSE, for example through a co-located team approach.
- Commissioners may also be asked to consider how we resource the specialist emotional and psychological support needed for children and young people who may either be at risk of sexual exploitation or who are already being sexually exploited, but may not immediately recognise the relationship as such.

5.3 Missing children[5] (last updated September 2013)

Key Messages

1. There have been significant developments in Nottinghamshire's response to missing children over the last two years. There are close strategic and operational links, in particular with the police, but also with other agencies.

2. There has been a 6% decrease in missing notifications between 2011/12 and 2012/13, which equals a reduction of 10% of children and young people going missing (from 863 children to 776).

3. The number of children who have gone missing a second time has also gone down substantially, as has the number of children who have gone missing repeatedly five or more times.

4. The gender of Nottinghamshire children and young people going missing is 50:50 and the age peaks at 15, but spreads across a range of 12-17.

5. Children who go missing from care are a particularly vulnerable group, especially those who are living a distance from their home.

6. Children who go missing are offered a return interview. In 2012/13, 53% of return interviews were completed (513 out of the 972 required); others were refused, not completed or advice was given.

7. The reasons children and young people go missing are varied, but overwhelmingly the relationship between the young person and the parent is mentioned, as well as disagreements about boundaries. School-based issues, drug or alcohol problems and mental or emotional health factors also feature.

8. Data indicates that the risk of sexual exploitation or associating with an adult who may pose a risk is present for a number of Nottinghamshire young people.

[5] **Supporting document**

- Missing Children Strategy and Action Plan 2013/14 http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/local-and-national-guidance/

1. What do we know?

1.1 Facts and figures[6]

During 2012/13, Nottinghamshire Police received 1,433 missing children notifications in the county, which related to 776 individuals. Of these, 153 notifications related to looked after children (56 children) who were placed by other local authorities (OLA) within Nottinghamshire boundaries. Discounting the OLA children data, 78% (999) of the notifications related to children going missing from home and 22% (281) from care. At an individual level this relates to 13% (94) of the children missing from care and 87% (652) from home. Quarterly data can be seen in Figure 5.3.1.

Figure 5.3.1 Number of missing children in Nottinghamshire (2011/12 to 2012/13)

	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13
Home		232	194	195	201	206	184	145
NCC LAC		41	32	30	38	32	34	28
OLA LAC		16	18	16	12	20	15	29

Source: Nottinghamshire County Council, 2013 [Note: numbers may include children who went missing in more than one quarter.]

A lot of work is being undertaken with OLAs to address the issues arising from OLA children going missing within Nottinghamshire's boundaries, as research tells us that these children will be particularly vulnerable. A new system will be trialled from June 2013, with the Nottinghamshire Runaways Service (partnership between Catch-22, a voluntary organisation, and Targeted Support Services) completing some of these return interviews in the expectation that a greater number are completed.

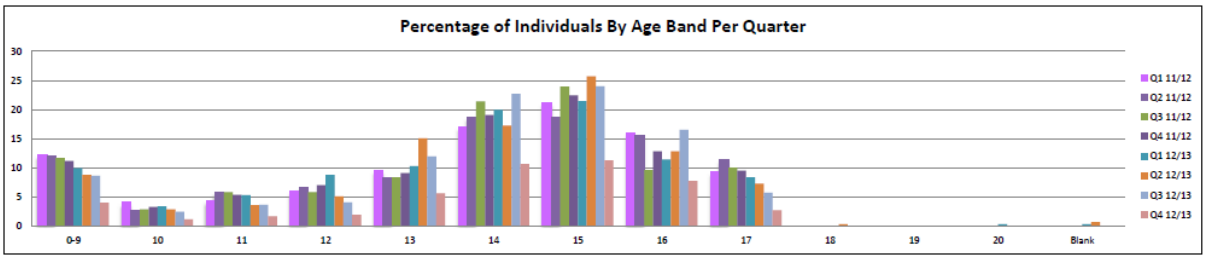
The gender of children going missing is 50:50 and the age at which they go missing peaks at 15, but spreads across a range of 12-17. The ethnicity of those children going missing is mainly White (85%), with the other children being of Asian, Black,

[6] **Important data note:**

1. Breakdowns of annual/quarterly data by home/care may not add up to the annual/quarterly totals, as children may move in and out of care during the year – i.e. the first time in the year they go missing may be from home; the second time may be from care.
2. Quarterly data in this section includes those children who went missing more than once each quarter. In the annual data quoted in this section, these children are counted only once.

Mixed or 'Other Ethnic Group' ethnicity. However, 8% of the data is not completed, which is a data quality issue.

Figure 5.3.2 Missing children by age in Nottinghamshire (2011/12 to 2012/13)



Source: Nottinghamshire County Council, 2013

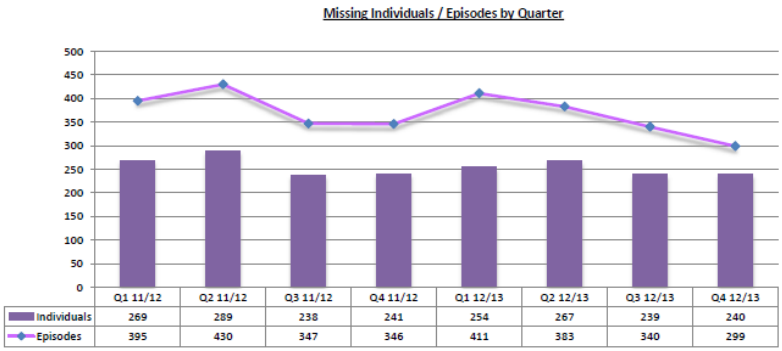
From research we know that children in care are substantially more at risk of going missing and consequently more vulnerable to being harmed, but more children living at home go missing (78% of the total) and are still potentially at risk.

From the information that children provide when they return from going missing, the reasons they go missing are varied, but overwhelmingly the relationship between the young person and the parent is mentioned, as well as disagreements about boundaries. School-based issues and drug or alcohol problems also feature alongside mental or emotional health type factors.

The data relating to the risks that the young people have experienced or may be at risk of is not extensive, but the data that we do have indicates that the risk of sexual exploitation or associating with an adult who may pose a risk is present for a number of young people. This data is still being analysed, and the reasons why children go missing and the harm they may suffer whilst missing will be the focus of work during 2013/14.

In Nottinghamshire, the data demonstrates that from 2011/12 to 2012/13 there has been a downward trend which amounts to 6% in notifications of children going missing (from 1,518 to 1,433) and 10% in individual children (from 863 to 776) (Figure 5.3.3); this is very positive.

Figure 5.3.3 Number of missing children/episodes in Nottinghamshire (2011/12 to 2012/13)

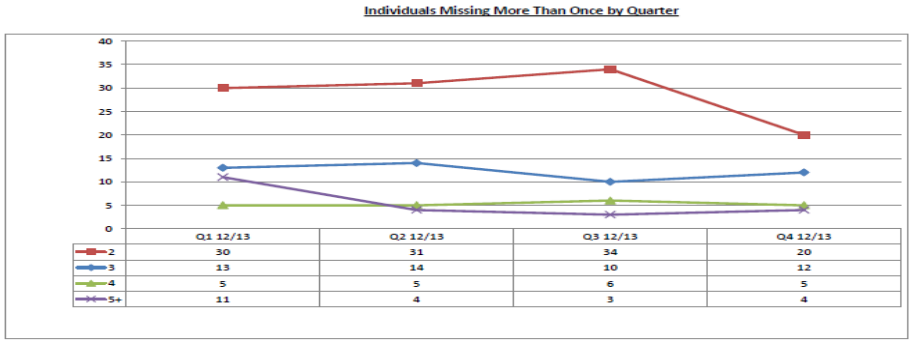


	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13
Individuals	269	289	238	241	254	267	239	240
Episodes	395	430	347	346	411	383	340	299

Source: Nottinghamshire County Council, 2013 [Note: numbers include children who went missing more than once each quarter.]

On a quarterly basis the number of children who have gone missing a second time has also gone down quite substantially, as has the number of children who have gone missing repeatedly five or more times (Figure 5.3.4). Whilst there is still ongoing analysis in relation to this data, it is anticipated that the focus of resources on completing return interviews and multi-agency meetings may link to the decrease in numbers.

Figure 5.3.4 Children who go missing more than once in Nottinghamshire (2012/13)



Source: Nottinghamshire County Council, 2013

There has also been some initial work undertaken to identify geographical areas from which children go missing. There were certain areas from which children were more likely to run away in 2012/13, i.e. Ashfield, Broxtowe, Mansfield and Bassetlaw (Figure 5.3.5).

Figure 5.3.5 Missing children by district (2012/13)

	No. of People	Percentage	No. of Episodes	Percentage
ASHFIELD	146	18.81%	271	18.91%
BROXTOWE	121	15.59%	256	17.86%
MANSFIELD	113	14.56%	201	14.03%
BASSETLAW	109	14.05%	177	12.35%
GEDLING	94	12.11%	138	9.63%
NEWARK & SHERWOOD	87	11.21%	156	10.89%
RUSHCLIFFE	51	6.57%	71	4.95%
Unknown	15	1.93%	89	6.21%
Nottingham City + other local authorities	40	5.15%	74	5.17%
Total:	**776**		**1433**	

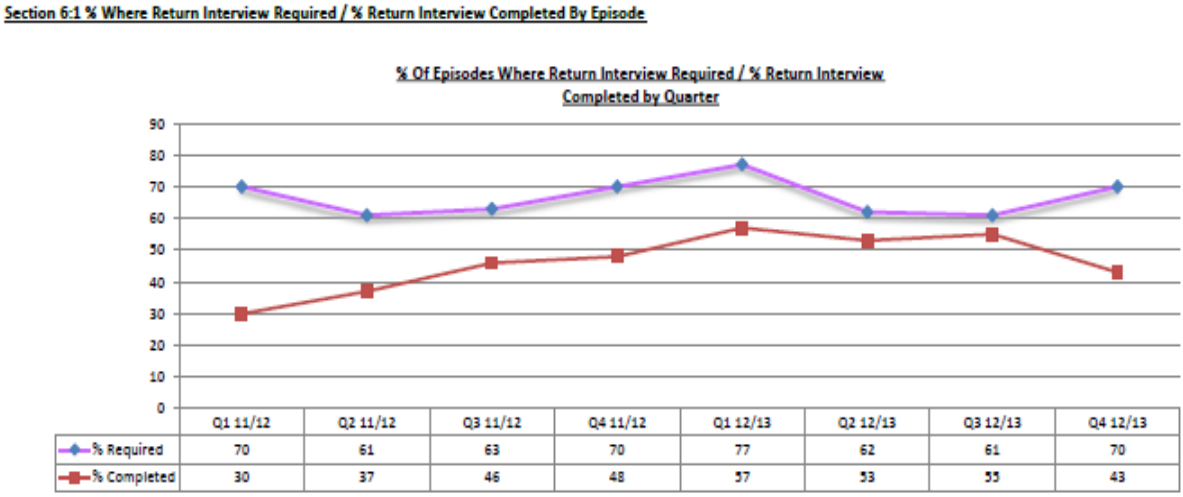
Source: Nottinghamshire County Council, 2013

In line with the missing children protocol (see paragraph 1.3 below) criteria, children who go missing are offered a return interview (68% of the police notifications in 2012/13) to look at the reasons why the young person went missing and to prevent further incidents. There may also be a multi-agency meeting to discuss and plan a response to ongoing missing incidents; last year (2012/13) 126 such meetings were held.

The majority of these return interviews were allocated to social workers (57%) already known to the child, but during 2012/13 23% were allocated to the Nottinghamshire Runaways Service. Other local authorities (who have children placed within Nottinghamshire boundaries) were required to complete 14% of the return interviews.

A children missing officer (CMO) robustly monitors and tracks whether or not return interviews are completed by the allocated workers and teams. For 2012/13, 53% of return interviews were completed (513 out of the 972 required); others were refused, not completed or advice was given. This monitoring and tracking aspect of the service is extremely robust.

Figure 5.3.6 Percentage of return interviews required and completed (2011/12 to 2012/13)



	Q1 11/12	Q2 11/12	Q3 11/12	Q4 11/12	Q1 12/13	Q2 12/13	Q3 12/13	Q4 12/13
% Required	70	61	63	70	77	62	61	70
% Completed	30	37	46	48	57	53	55	43

Source: Nottinghamshire County Council, 2013

1.2 Targets and performance

Since the last iteration of the children & young people's chapter of the JSNA in 2010, there is no longer any national reporting on missing children, so no comparative data is available locally or nationally against which to judge our performance in Nottinghamshire. However, during the last two years there has been investment in collating data with the aim of analysing it to inform policy and practice. This work is now coming to fruition and electronic reporting is more readily available. A performance management framework is also near to completion.

1.3 National and local strategies

Missing children remains a relatively high profile safeguarding issue, particularly as it is a subject that is closely aligned to child sexual exploitation. It is very much a multi-agency issue and one which is regularly reported to the Nottinghamshire Safeguarding Children Board (NSCB), as well as management within Children's Social Care. During 2013/14 it will be reported to a wider audience, including elected members and the Nottinghamshire Health and Wellbeing Board.

In Nottinghamshire the approach to missing children reflects the Home Office report *Missing Children and Adults: A Cross Government Strategy* (Home Office 2011).

Work undertaken is in line with the Statutory Guidance on *Children who run away and go missing from home or care* (DCSF 2009), which is due to be updated, as well as being mindful of the All Party Parliamentary Group '*Report from the joint enquiry into children who go missing from care'* (July 2012). The police also work to Association of Chief Police Officer (ACPO) guidelines which have recently been revised but not yet implemented locally. This will have a potentially significant impact on multi-agency local protocols.

Locally, missing children work comes under the auspices of the cross-authority (with Nottingham City) protocol issued under NSCB procedures (revision due in 2013/14). A missing children strategy and action plan has been developed by the multi-agency Missing Children Steering Group, which will be regularly reviewed and updated. Missing children work is also an NSCB business plan strategic priority.

1.4 Local views

Further work needs to be undertaken to engage with young people in developing missing children services and this is an area of development for the coming year.

1.5 Current activity and service provision

All service provision is outlined in the Missing Children Multi-Agency Strategy (2013-14) (http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/informationprofessionals/local-and-national-guidance/).

There has been significant investment in the missing children Runaways Service, whose remit is to respond to children where there is no allocated statutory worker; this service is subject to a contract review in 2014, but the provision will also be under scrutiny when budgets are reviewed.

In addition to the work outlined above, such as provision of return interviews, staff training and awareness-raising has also been a key feature of 2012/13, with multi-agency training events held, as well as other smaller workshops or visits to teams. The training undertaken has also very much linked missing children to sexual exploitation. Further training is planned for 2013/14, including specific sessions for residential staff and foster carers.

There is ongoing operational and strategic engagement between professionals in responding to looked after children who go missing, but particularly with regard to independent reviewing officers and looked after children nurses. Representatives from fostering, residential and placement services sit on the missing children steering group and a looked after children team manager will also be joining.

For looked after children placed with specified private providers in Nottinghamshire, a requirement to work to Nottinghamshire protocols has been written into the placement contract. For Nottinghamshire children placed out of the county, there are systems in place for the CMO to liaise with the other local authority police and social care counterparts to improve the likelihood of missing notifications being reported to Nottinghamshire. Social workers are also required to notify the CMO when they become aware of missing episodes to enable relevant monitoring.

2. What does this tell us?

2.1 What are the key inequalities

The data demonstrates that young people in certain areas of Nottinghamshire are more likely to run away from home and this could be considered an inequality in terms of the potential impact on their life chances. Children who go missing from care are also a more vulnerable group. For both groups, however, professionals involved in their lives work with the young person in an effort to improve their outcomes.

2.2 Where are the gaps in service/knowledge?

As previously referred to there is a concern about looked after children living in Nottinghamshire who have been placed by other local authorities, and who run away, as these children are particularly vulnerable. There is ongoing work to address this.

Building on work already completed, there will be an opportunity for more sophisticated analysis of the data that we now have or are due to have available - for example, looking at 'hot spots', the timeliness of return interviews and having a clearer strategic understanding of why children go missing.

A qualitiative audit of missing children case work is planned for later in 2013/14 covering, for example, the return interview and the holding of multi-agency meetings, to evaluate the quality of the engagement and the impact of case planning on outcomes for the young person. In particular, we need to demonstrate that the voice of the child has been heard, which is particularly critical to influencing a positive outcome. Management oversight would also be a key feature to evaluate.

It has been agreed that there is work to be undertaken exploring the links between children who run away and are absent from school, in line with a recent report by The Children's Society *'Lessons to Learn'* – there are plans to address this.

2.3 What are the risks of not delivering targets?

For children who go missing, the impact on their health and wellbeing is potentially significant; the risks they face are varied - from being sexually exploited to physical and psychological harm; to missing out on education; to family and friendship relationships being harmed. Children who go missing are at risk of being a victim of crime, but are also at risk of committing crime. It is important therefore that services work together with young people to prevent or reduce risk (cost) to the young person as well as ameliorate the cost and impact on services and society more generally.

2.4 What is on the horizon?

In terms of the issues facing, and potentially impacting on, missing children work, ACPO has revised its guidance on responding to children who go missing from home or care (as mentioned above) and the Department for Education is also due to issue revised Statutory Guidance. This will result in a review of the current NSCB protocol, and the ACPO guidance in particular may have a significant impact on the approach

to missing children. The challenge will be to keep the focus on those children who may not initially present as being overly at risk.

Another potential impact on work with missing children is that there is also likely to be a review of the Runaways Service provision as budgets are reviewed. Commissioners will be mindful of the safeguarding issues relating to missing children and also the potential cost to reputation if there were to be a high profile media case where services were not in place.

Issues relating to missing children are constantly being updated as new guidance or research is published, some of which relates to child sexual exploitation. There have been a number of high profile child sexual exploitation cases (with a missing children element) which have been in the media, often aligned with criticism of children's social care and the police involved.

There may also be an opportunity for the Runaways Service to be more closely aligned with that of child sexual exploitation.

3.0 What should we be doing next? (Recommendations for commissioners based on consideration of all above)

There are no specific recommendations for commissioners beyond a wish for missing children to continue to be seen a high priority for agencies.

Work will continue to the Missing Children Strategy and Action Plan with a focus on qualitative auditing of missing children cases. Work will also progress in terms of engaging with young people to get their perspective on the approach to missing children.

5.4 Looked after children (last updated March 2013)

Key Messages

1. There were 891 looked after children (LAC) in Nottinghamshire at the end of February 2013, an increase from 792 the previous February.

2. The majority of LAC in Nottinghamshire are placed into foster care (76% as of February 2013) and the highest proportion are from Ashfield, Mansfield and Bassetlaw.

3. 15% of Nottinghamshire LAC were adopted during the year ending 31 March 2012, which compared favourably to the national average (13%).

4. Whilst recent years have seen some improvement in LAC educational outcomes, there is a substantial gap (both locally and nationally) between LAC attainment and the rest of the young population.

5. In terms of special educational needs (SEN), nearly three quarters (73.9%) of the school aged LAC who had been looked after continuously for at least 12 months had some kind of SEN, slightly higher than the national figure of 71.5%.

6. In 2012, 81% of children looked after for at least 12 months had immunisations which were up to date, 71% had had their teeth checked by a dentist and 89% had received their annual health assessment.

7. Half (49%) of LAC had a normal emotional health score and over a third (38%) were a cause for concern, generally in line with the national average.

8. 7.8% of children who had been continuously looked after for at least 12 months were convicted or subject to a final reprimand or warning in 2011/12. This represents a reduction on previous years but is above the national average (6.9%).

9. 5.4% of children who had been looked after continuously for at least 12 months were identified as having a substance misuse problem during 2011/12, a reduction on previous years but above the national average (4.1%).

Introduction

Nottinghamshire County Council and its partners are responsible for ensuring provision for looked after children (LAC) as good parents for each individual child in care. The government is re-focusing its approach to supporting children in care, reshaping the children's social care system to include more emphasis on preventative and early intervention techniques, following the recommendations of the Munro Review. Legislation is being streamlined to support more effective care

planning following the publication of revised care planning regulations, and a new adoption scorecard has been introduced to improve the approval process.

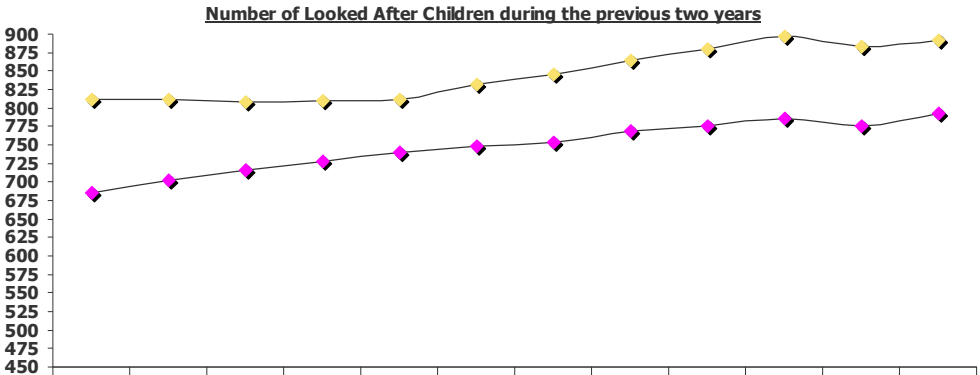
The Nottinghamshire Looked After Children Strategy (2012-15)[7] forms part of the county's response to these national changes. Its priorities and key actions are underpinned by The Pledge, developed in consultation with over 200 children who are looked after:

"To ensure our children looked after have all the opportunities that good parents afford their children."

Profile of Looked After Children in Nottinghamshire

There were 891 LAC in Nottinghamshire at the end of February 2013, an increase from 792 at the same time the previous year and 686 in March 2011 (Figure 5.4.1). The majority are placed into foster care (76% of the total, as of February 2013) (Table 5.4.2) and the highest proportion are from Ashfield, Mansfield and Bassetlaw (22%, 21% and 18% respectively in February 2013 – Table 5.4.3). 15% of Nottinghamshire LAC were adopted during the year ending 31 March 2012, which compared favourably to the national average (13%)[8].

Figure 5.4.1 Number of looked after children March 2011 to February 2013



	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Current yr	812	812	808	809	811	832	846	864	879	896	883	891
Previous yr	686	702	716	728	739	748	753	769	776	785	776	792

Source: Nottinghamshire County Council, 2013

[7] http://www.nottinghamshire.gov.uk/caring/childrenstrust/developmentwork/lookedafterchildren/
[8] Source: Local Area Interactive Tool, 2013

Table 5.4.2 Looked after children by placement type (February 2013)

Placement type	Number
Fostering	673
Placed for adoption	72
Children's home	60
Secure unit	*
Other residential settings[9]	38
Other hostel[10]	**
Other placement[11]	39

Source: Nottinghamshire County Council, 2013
[* Number below 5 and suppressed. Number low and suppressed to protect *]

Table 5.4.3 Looked after children by district office (February 2013)

District office[12]	Number
Ashfield	198
Mansfield	187
Bassetlaw	162
Newark	124
Broxtowe	75
Gedling	65
Rushcliffe	**
Aftercare	*
Disabled	53

Source: Nottinghamshire County Council, 2013
[* Number below 5 and suppressed. ** Number low and suppressed to protect *]

The percentage of Nottinghamshire looked after children living in the same placement for at least two years has increased from 67.1% in 2007/08 to 73.0% in 2011/12 (Table 5.4.4). In comparison, the 2011/12 national average was 68.0%. The percentage of children with three or more placements has fallen slightly from 2007/08 to 7.8% in 2011/12 (Table 5.4.5), which compares favourably to the national figure of 11.0%.

Table 5.4.4 Percentage of looked after children aged under 16 at 31 March who had been looked after continuously for at least two and a half years who were living in the same placement for at least two years

	2007/08	2008/09	2009/10	2010/11	2011/12
Nottinghamshire	67.1%	69.4%	72.6%	71.6%	73.0%
Statistical Neighbours	63.9%	65.5%	66.1%	68.2%	67.2%
England	65.0%	66.2%	67.4%	68.6%	68.0%

Source: Nottinghamshire County Council, 2013

[9] Includes all residential schools, residential care homes, NHS Health Trust, family centre or young offender institution/prison
[10] Residential accommodation not subject to Children's Homes Regulations
[11] Includes being placed with parents, independent living, residential employment, in refuge, whereabouts known (not in refuge) and whereabouts not known
[12] The district is determined by the team of the allocated worker for the child. If the child is not within a team labelled with a district, then the child's district is taken from the child's front screen address on Frameworki.

Table 5.4.5 Percentage of children looked after at 31 March with three or more placements during the year ending 31 March

	2007/08	2008/09	2009/10	2010/11	2011/12
Nottinghamshire	8.8%	7.1%	7.2%	6.3%	7.8%
Statistical Neighbours	12.0%	10.6%	9.9%	9.5%	10.5%
England	11.8%	11.1%	11.3%	10.7%	11.0%

Source: Nottinghamshire County Council, 2013

8% of LAC were placed outside the local authority boundary and more than 20 miles from where they used to live in 2011/12, compared to the national average of 12% (Table 5.4.6). However, this represents a slight increase on previous years. 69% of children aged 16 leaving care remained looked after until their 18th birthday in 2011/12, an increase of 21 percentage points on 2009/10 (Table 5.4.7).

Table 5.4.6 Percentage of children looked after as at 31 March placed outside the local authority boundary and more than 20 miles from where they used to live

	2009/10	2010/11	2011/12
Nottinghamshire	6.0%	6.0%	8.0%
Statistical Neighbours	9.9%	9.5%	9.2%
England	13.0%	12.0%	12.0%

Source: Local Area Interactive Tool, 2013

Table 5.4.7 Percentage of children leaving care at 16+ who remained looked after until their 18th birthday

	2009/10	2010/11	2011/12
Nottinghamshire	48.0%	66.0%	69.0%
Statistical Neighbours	60.3%	62.0%	62.9%
England	62.0%	63.0%	66.0%

Source: Local Area Interactive Tool, 2013

Outcomes for Looked After Children

Education

Whilst recent years have seen some improvement in LAC educational outcomes, there is a substantial gap (both locally and nationally) between LAC attainment and the rest of the young population. The County Council's *Closing the Gaps Strategy*[13] addresses a number of areas where efforts should result in narrowing the gap.

In 2012 at Key Stage 2 in English and mathematics, Nottinghamshire's LAC cohort performed in line with the statistical neighbour and national average (Tables 5.4.8 and 5.4.9). However, the gap in Nottinghamshire between LAC pupils and all pupils was 26 (English) and 30 (mathematics) percentage points, compared to the national gap of 25 (English) and 28 (mathematics) percentage points[14]. At GCSE in 2012, Nottinghamshire's LAC cohort outperformed statistical neighbours and the England average (Table 5.4.10). The Nottinghamshire gap between LAC pupils and all pupils

[13] http://www.nottinghamshire.gov.uk/learning/schools/information-for-schools/education-improvement-service/?entryid33=182537

[14] Source: Local Area Interactive Tool, 2013

was also slightly narrower than the national average (43.7 percentage points compared to 45)[14].

Table 5.4.8 Key Stage 2 - % looked after pupils achieving Level 4 in English

	2008	2009	2010	2011	2012
Nottinghamshire	-	50.0%	40.0%	55.0%	61.0%
Statistical Neighbours	42.7%	43.4%	53.0%	52.9%	58.9%
England	50.0%	48.0%	50.0%	54.0%	60.0%

Source: Local Area Interactive Tool, 2013

Table 5.4.9 Key Stage 2 - % looked after pupils achieving Level 4 in mathematics

	2008	2009	2010	2011	2012
Nottinghamshire	40.0%	63.0%	-	82.0%	56.0%
Statistical Neighbours	42.2%	43.0%	53.6%	48.9%	56.4%
England	47.0%	48.0%	49.0%	52.0%	56.0%

Source: Local Area Interactive Tool, 2013

Table 5.4.10 Key Stage 4 - % looked after pupils achieving five or more A*-C GCSEs

	2008	2009	2010	2011	2012
Nottinghamshire	43.5%	28.1%	32.5%	32.7%	43.9%
Statistical Neighbours	18.6%	25.5%	29.9%	30.8%	36.9%
England	19.5%	23.7%	28.7%	33.4%	36.8%

Source: Local Area Interactive Tool, 2013

On average between 2009 and 2012, 4% of young people aged 19 who were looked after aged 16 were in higher education, compared to the national average of 6.7%[15]. In 2011/12, 25% of care leavers were not in education, employment or training (Table 5.4.11), which was 11 percentage points lower than the national average.

Table 5.4.11 Percentage of care leavers not in education, employment or training

	2009/10	2010/11	2011/12
Nottinghamshire	24.0%	21.0%	25.0%
Statistical Neighbours	30.9%	29.0%	35.8%
England	32.0%	33.0%	36.0%

Source: Local Area Interactive Tool, 2013

In terms of special educational needs (SEN), of the 285 school aged LAC who had been looked after continuously for at least 12 months, nearly three quarters (73.9%) had some kind of SEN, slightly higher than the national figure of 71.5% (Table 5.4.12). Rates of fixed term exclusions for LAC are also above the national average, though permanent exclusions are lower (Table 5.4.13).

[15] Source: Nottinghamshire County Council, 2012

Table 5.4.12 Children who have been looked after continuously for at least 12 months by Special Educational Need (SEN) (2012)

	Notts	England
Number of school age children looked after at 31 March 2012 who had been continuously looked after for at least 12 months	**285**	**n/a**
Looked after children with:		
• No SEN	**75 (26.1%)**	**28.5%**
• SEN without a statement	**155 (53.9%)**	**42.1%**
• SEN with a statement	**55 (20.1%)**	**29.4%**
All children with SEN	**210 (73.9%)**	**71.5%**

Source: DfE Statistical First Release 32/2012

Table 5.4.13 Exclusions of children from school who have been looked after continuously for at least 12 months (2012)

	Notts	England
Number of children looked after at 31 March 2012 who had been continuously looked after for at least 12 months who are eligible for full-time schooling	**240**	**n/a**
Percentage of children who are permanently excluded	**0.0%**	**0.3%**
Percentage of children with at least one fixed term exclusion	**13.6%**	**12.4%**

Source: DfE Statistical First Release 32/2012

Offending

Table 5.4.14 shows that 7.8% of children who had been continuously looked after for at least 12 months were convicted or subject to a final reprimand or warning in 2011/12. This represents a reduction on previous years but is above the national average (6.9%).

Table 5.4.14 Percentage of children who had been looked after continuously for at least 12 months convicted or subject to a final warning or reprimand during the year

	2009/10	2010/11	2011/12
Nottinghamshire	9.3%	9.6%	7.8%
Statistical Neighbours	7.1%	6.1%	8.2%
England	7.9%	7.3%	6.9%

Source: DfE Statistical First Release 32/2012

Substance misuse

5.4% of children who had been looked after continuously for at least 12 months were identified as having a substance misuse problem during 2011/12, a reduction on previous years but above the England average (4.1%) (Table 5.4.15).

Table 5.4.15 Percentage of children who had been looked after continuously for at least 12 months identified as having a substance misuse problem during the year

	2009/10	2010/11	2011/12
Nottinghamshire	7.0%	6.9%	5.4%
Statistical Neighbours	4.7%	4.2%	4.4%
England	4.3%	4.3%	4.1%

Source: DfE Statistical First Release 32/2012

Health and accommodation

Table 5.4.16 shows that 81% of children looked after for at least 12 months had immunisations which were up to date and 71% had been checked by a dentist. 89% had received their annual health assessment. Of those aged five or younger, 95% had development assessments which were up to date.

Table 5.4.16 Healthcare and development assessments of children who have been looked after continuously for at least 12 months (2012)

Number of children looked after at 31 March 2012 who had been looked after for at least 12 months	**480**
Number of children whose immunisations were up to date	**390**
Number of children who had their teeth checked by a dentist	**340**
Number of children who had their annual health assessment	**425**
Number of children looked after for at least one year and aged 5 or younger at 31 March 2012	**110**
Number of these children whose development assessments were up to date	**105**

Source: DfE Statistical First Release 32/2012

In terms of emotional health, the average Strengths and Difficulties Questionnaire (SDQ) score for looked after children in 2012 was 14.6, slightly worse than the national figure of 13.8 (0-13 = normal; 14-16 = borderline cause for concern; 17+ = cause for concern) (Table 5.4.17). Half (49%) of LAC had a normal SDQ score and over a third (38%) were a cause for concern, generally in line with national averages.

Table 5.4.17 Emotional and behavioural health of looked after children – average score for children looked after at 31 March 2012 for whom a Strengths and Difficulties Questionnaire (SDQ) was completed (2012)

	Notts	**England**
Number of eligible children with an SDQ score	**210**	**n/a**
Total number of eligible children	**345**	**n/a**
Percentage of eligible children for whom an SDQ score was submitted	**61%**	**70%**
Average score per child*	**14.6**	**13.8**
Percentage of eligible children with an SDQ score considered:		
• Normal	**49%**	**51%**
• Borderline	**13%**	**13%**
• Concern	**38%**	**36%**

Source: DfE Statistical First Release 32/2012

[*A higher score on the SDQ indicates more emotional difficulties: 0-13 = normal; 14-16 = borderline cause for concern; 17+ = cause for concern]

In 2011/12, 82.7% of Nottinghamshire care leavers were living in suitable accommodation. This is a drop from previous years, though the reasons for this are to do with part of the cohort being unaccompanied asylum seeking young people who had been deported to, were on holiday in or had returned voluntarily to their countries of origin, so were classed as being in unsuitable accommodation. The majority of care leavers were living independently in their own tenancies; some were in supported accommodation of various types and others were living with their birth families.

Table 5.4.18 Percentage of care leavers in suitable accommodation

	2007/08	2008/09	2009/10	2010/11	2011/12
Nottinghamshire	72.1	95.1	91.5	98.0	82.7
Statistical Neighbours	86.6	89.5	86.9	86.1	89.1
England	88.4	89.6	90.3	90.0	88.3

Source: Local Area Interactive Tool, 2013

5.5 Recorded crimes committed against children[16] (last updated March 2013)

Key Messages

1. The rate of recorded crimes committed against children in Nottinghamshire reduced by 40% between 2008/09 and 2011/12. Mansfield has the highest levels of crimes against children in the county, followed by Ashfield.

2. The highest numbers of crimes are committed against the 16-17 age group and nearly half (49%) of offences against children under 18 are committed by a stranger.

3. Whilst the levels of crimes against children are in overall decline, the levels of crimes which have alcohol as a contributing factor display an upward trend.

4. The number of sexual crimes against children in Nottinghamshire decreased by 10.7% between 2011 and 2012. The highest number of crimes in 2012 occurred in Ashfield and Mansfield and the lowest in Rushcliffe.

5. The number of hate crime incidents against children and young people reported to the police is relatively low in Nottinghamshire - 87 offences in 2012. The majority of these were racial offences, with the 15-19 age group experiencing the highest level of victimisation.

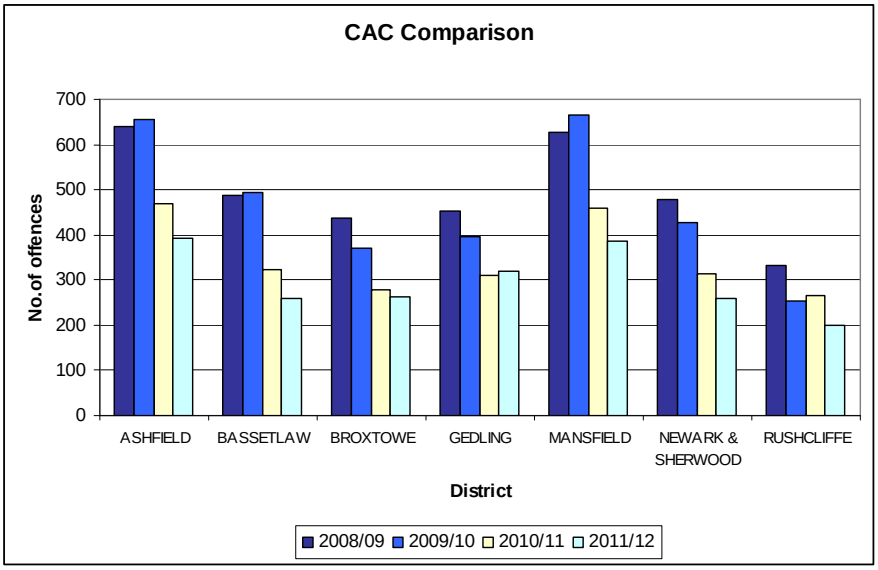
Recorded crimes against children

The number of recorded crimes committed against children (CAC) has reduced in each district across the county between 2008/09 and 2011/12 (Figure 5.5.1). The most significant reductions in this period have been in Bassetlaw (47.0%) and Broxtowe (40.2%). Mansfield has the highest levels of CAC, followed by Ashfield, which may be

[16] Crimes Against Children are defined as an offence committed against anyone who is below the age of 18 years of age. Comparisons in this section are based on year-to-date performance (1 April – 31 October 2012) and from financial years 2008/09 to 2011/12.

expected due to higher levels of violent crime and violence against a person (VAP) offences in these districts. The decline in the overall rate of recorded CAC across the county between 2008/09 and 2011/12 averages 40% (Table 5.5.2).

Figure 5.5.1 Number of recorded crimes committed against children between 2008/09 and 2011/12



Source: Nottinghamshire Police Crime Recording Management System, 2012

Figure 5.5.2 Rate of recorded crimes committed against children between 2008/09 and 2011/12 (per 1,000 all ages)

District	2008/09	2009/10	2010/11	2011/12
Ashfield	5.36	5.49	3.92	3.29
Bassetlaw	4.33	4.38	2.86	2.29
Broxtowe	4.00	3.40	2.54	2.39
Gedling	3.99	3.49	2.74	2.83
Mansfield	6.02	6.37	4.40	3.71
Newark & Sherwood	4.16	3.74	2.72	2.27
Rushcliffe	3.00	2.27	2.39	1.80
County	4.40	4.16	3.07	2.65

Source: Nottinghamshire Police Crime Recording Management System, 2012
[Census 2011 population estimates used]

When the data is examined on a year to date (YTD) basis (i.e. April 2008 – October 2008 to April 2012 – October 2012), a similar overall decrease can be seen into 2012/13. CAC is generally reducing across the county[17], districts and community safety partnerships (CSPs). The mean levels of CAC in Nottinghamshire have fallen to their lowest levels in 2012/13 (Table 5.5.3 and Figure 5.5.4). The most noteworthy reductions can be observed in Broxtowe (-54.2% from YTD 2008/09 to 2012/13) and Gedling (- 51.1%). The district of concern YTD is Bassetlaw, as this is the only area to show an increase from 2011/12 to 2012/13, but it is a small increase of 1.2%.

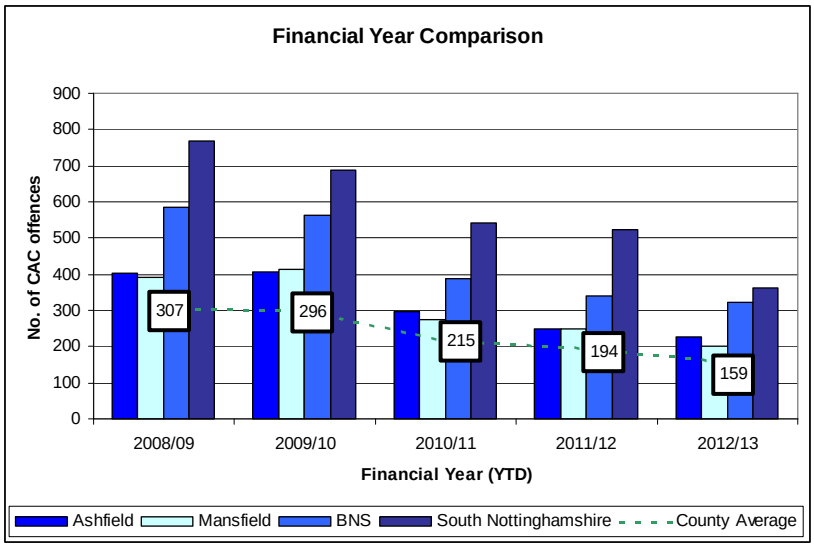
[17] All crime has reduced YTD (from April 2008 – October 2008 to April 2012 – October 2012 by 44.9% (-18,222 offences) and VAP has reduced in the same comparison period by 26.7% (-1,713 offences). This could also explain the decreases in CAC related crime.

Table 5.5.3 Number of recorded crimes committed against children between 2008/09 and 2012/13 (year to date[18])

District	2008/09	2009/10	2010/11	2011/12	2012/13
Ashfield	403	407	298	247	226
Bassetlaw	299	301	205	162	164
Broxtowe	273	251	164	179	125
Gedling	282	262	203	205	138
Mansfield	392	412	275	248	200
N & S	287	263	184	177	157
Rushcliffe	214	176	173	140	100
CSP	**2008/09**	**2009/10**	**2010/11**	**2011/12**	**2012/13**
Ashfield/Mansfield	795	819	573	495	426
BNS	586	564	389	339	321
South Nottinghamshire	769	689	540	524	363
County Total	2150	2072	1502	1358	1110
County Mean	307	296	215	194	159

Source: Nottinghamshire Police Crime Recording Management System, 2012
[CSP = Community Safety Partnership; BNS = Bassetlaw and Newark & Sherwood.]

Figure 5.5.4 Number of recorded crimes committed against children between 2008/09 and 2012/13 (year to date[18])

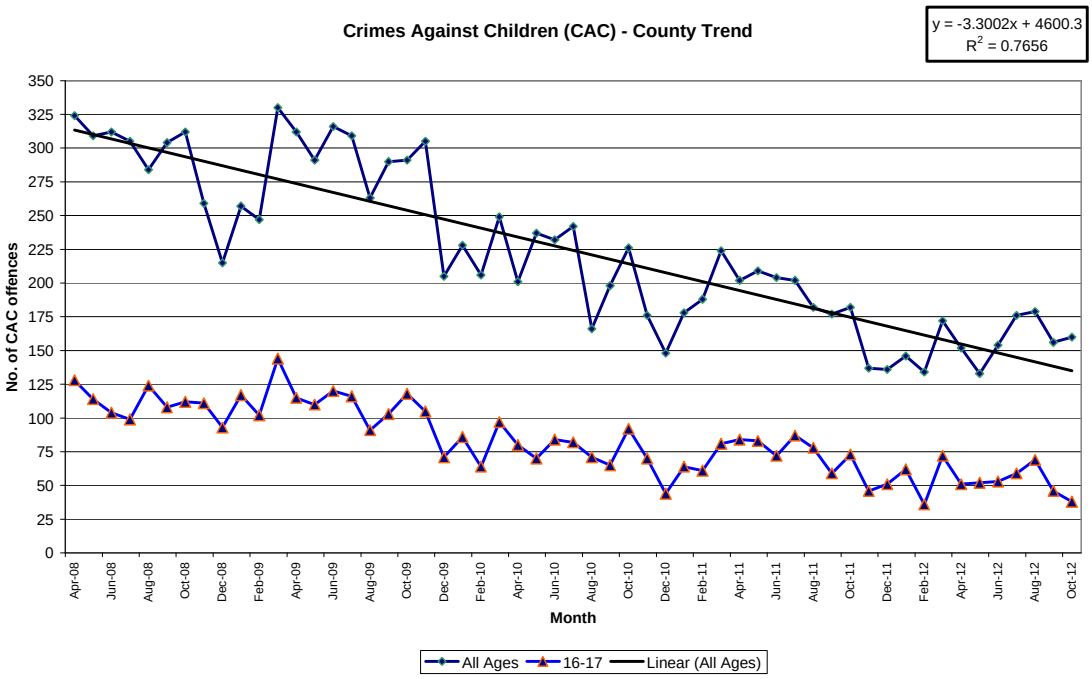


Source: Nottinghamshire Police Crime Recording Management System, 2012

[18] Year to date means April 2008 – October 2008 to April 2012 – October 2012

The overall downward trends in CAC at a county level, including at age 16/17, can be seen in Figure 5.5.5. From the highest position in April 2009 (220 offences) to the lowest levels in June 2012 (133 offences), this type of crime has reduced by 39.5% between these periods.

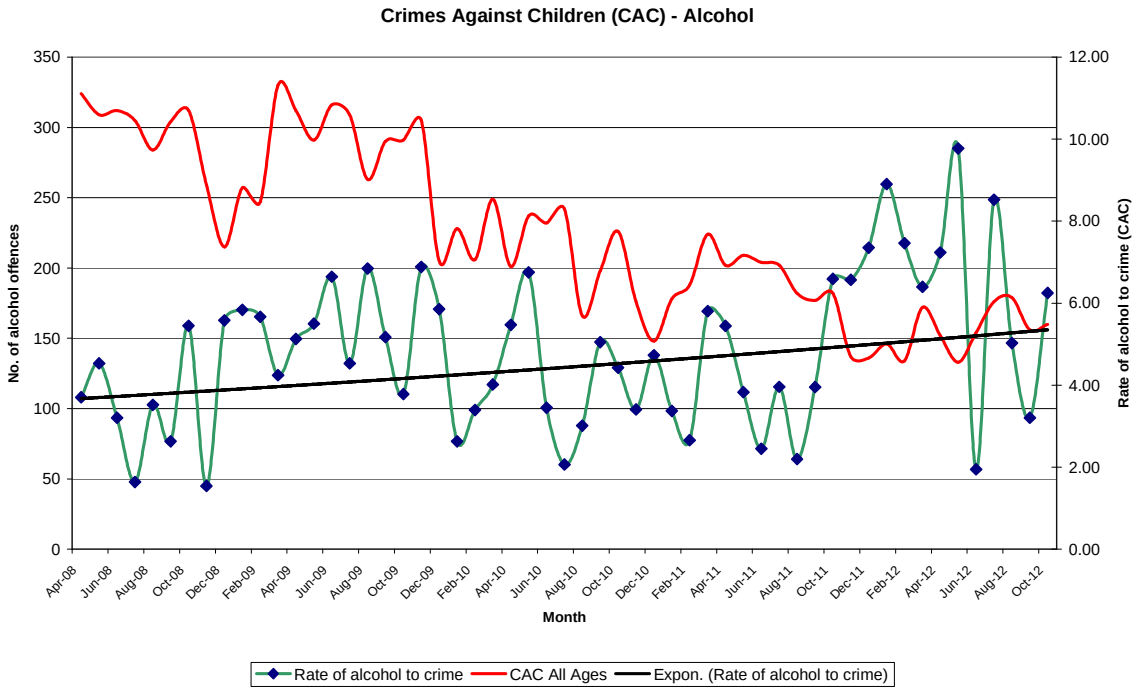
Figure 5.5.5 Number of recorded crimes committed against children between April 2008 and October 2012



Source: Nottinghamshire Police Crime Recording Management System, 2012

Figure 5.5.6 shows that whilst the levels of CAC are in overall decline, the levels of crimes which have alcohol as a contributing factor display a concerning upward trend (this can be viewed by the exponential trend line). The green trend line represents the rate of alcohol to crime (the rates of this can be seen on the rightmost Y axis). The peak rate can be observed in May 2012 (rate of 9.77) - from this peak there was a sharp dip and then a steady rise from September 2012.

Figure 5.5.6 Number of recorded crimes committed against children involving alcohol between April 2008 and October 2012



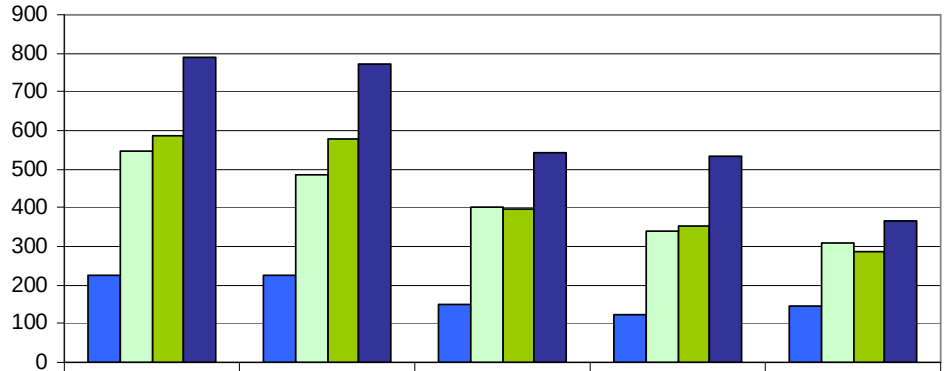
Source: Nottinghamshire Police Crime Recording Management System, 2012

Profile of crimes against children

Figure 5.5.7 shows a breakdown of CAC by age of victim[19]. The highest numbers of crimes are committed against the 16-17 age group. The YTD periods which show the most significant proportion of overall offences are 2008/09 (with children and young people making up 26.2% of the total proportion of victims) and 2009/10 (25.3%). Data from YTD 2012/13 shows the lowest levels of all age bandings, apart from the below 10 age band. This banding is on the increase and is an area of concern.

[19] Unknown offences have been excluded from this breakdown.

Figure 5.5.7 Number of recorded crimes committed against children between 2008/09 and 2012/13 (year to date[18]) by age



	YTD 08/09	YTD 09/10	YTD 10/11	YTD 11/12	YTD 12/13
Below 10	225	224	151	125	145
10-13	547	485	400	340	309
14-15	588	579	399	354	286
16-17	789	773	544	536	368

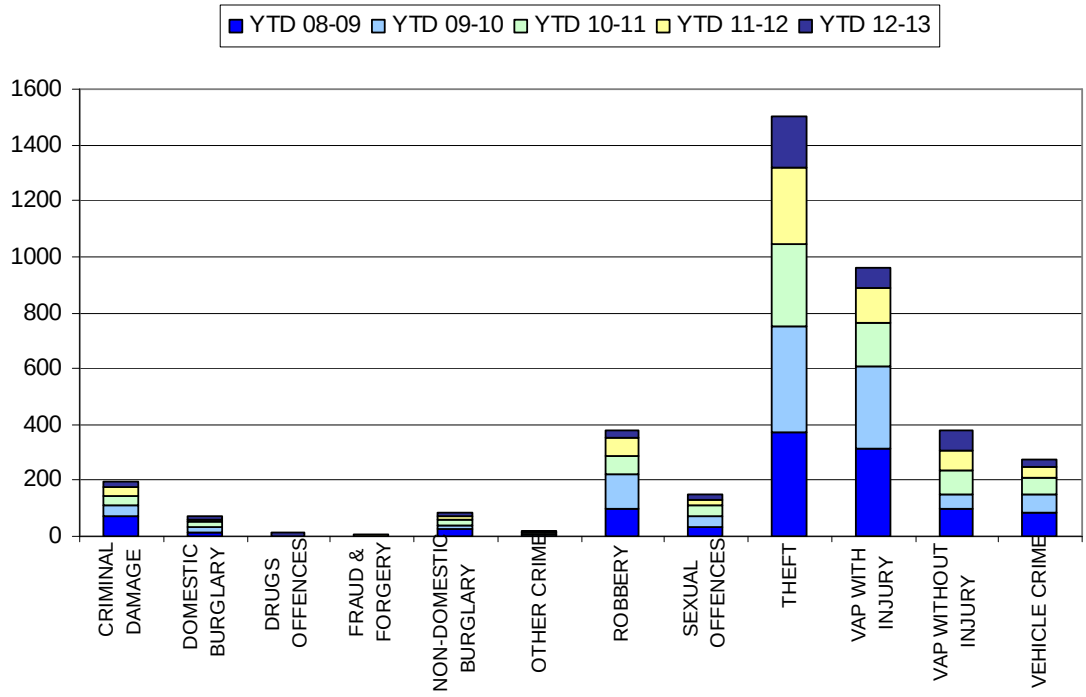
Source: Nottinghamshire Police Crime Recording Management System, 2012

The relationship between victim and offender between 2008/09 and 2012/13 in Nottinghamshire is as follows:

- 49% of CAC offences are committed by a stranger
- 29% of CAC offences are from the 'other' category
- 12% of CAC offences are committed by a family member.

The main offender type is therefore strangers, accounting for nearly half of all the offences committed against children. Analysis of the primary victim/offender relationship type to find out which crime types have the greatest impact on CAC levels within the county (Figure 5.5.8) shows that the main offence type committed by strangers is theft, followed by VAP with injury.

Figure 5.5.8 Offences committed by strangers against children (2008/09 - 2012/13)

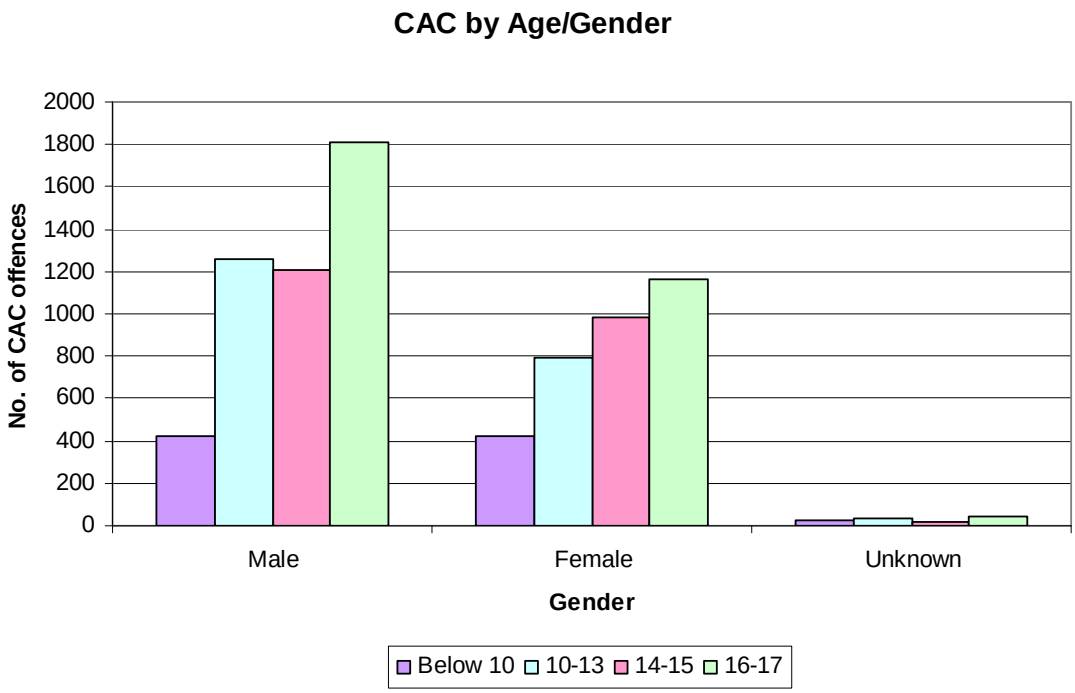


Source: Nottinghamshire Police Crime Recording Management System, 2012

In terms of the demography of victims between 2008/09 and 2012/13[20], proportionally males are the most frequent victims (Figure 5.5.9) and, as highlighted above, the 16-17 year old age band is the most victimised. White European males account for 69% of all the male victims recorded. This is followed by Asian and White, both with 4%. Female ethnicity shows a similar pattern, with 70% of victims from the White European group, followed by White (4%) and Asian (2%).

[20] 19% of all offences committed are from the 'unknown' gender type.

Figure 5.5.9 Crimes against children by age and gender (2008/09 - 2012/13)



Source: Nottinghamshire Police Crime Recording Management System, 2012

The most problematic wards in the county[21] for recorded crimes committed against children under 18 years of age have been identified as:

- Sutton In Ashfield East – 85 offences
- Sutton In Ashfield Central – 60 offences
- Hucknall East – 51 offences
- Sherwood – 51 offences

The wards with the highest levels of CAC for ages 16-17 are:

- Sutton In Ashfield East – 30 offences
- Sutton In Ashfield Central – 23 offences
- Castle – 23 offences
- Portland – 21 offences

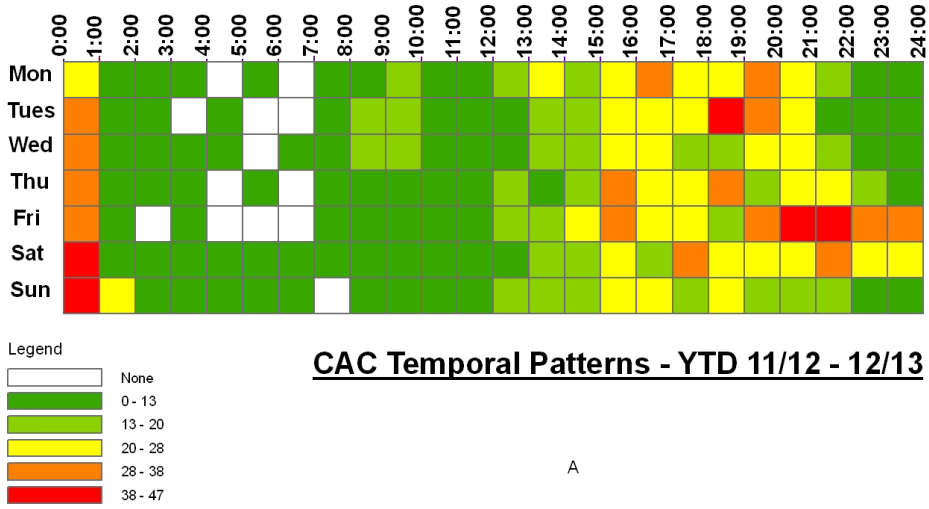
Figure 5.5.10 shows the peak times when CAC occur, the main times being:

- Tuesday 6-8 pm
- Friday 8-10pm
- Saturday 12pm-1am
- Sunday 12pm-1am

Given the rise in alcohol related CAC, it is interesting to see that this type of crime mainly occurs in the evening and in the early hours of the weekend. However, this dataset includes theft offences, which have a more sporadic temporal pattern.

[21] Data used here is taken from 1/4/2011 - 31/10/2011 and 1/4/2012 - 31/10/2012

Figure 5.5.10



Source: Nottinghamshire Police Crime Recording Management System, 2012

Sexual assault

Table 5.5.11 and Figure 5.5.12 show recent trends for sexual crimes against children aged 19 and under[22]. The number of crimes at a county level has decreased by 10.7% between 2011 and 2012. Ashfield, Bassetlaw and Gedling show an upward trend in sexual crimes in the same time period, but all other boroughs/districts display a downward trend. The highest number of crimes in 2012 occurred in Ashfield and Mansfield (68 each) and the lowest in Rushcliffe (21).

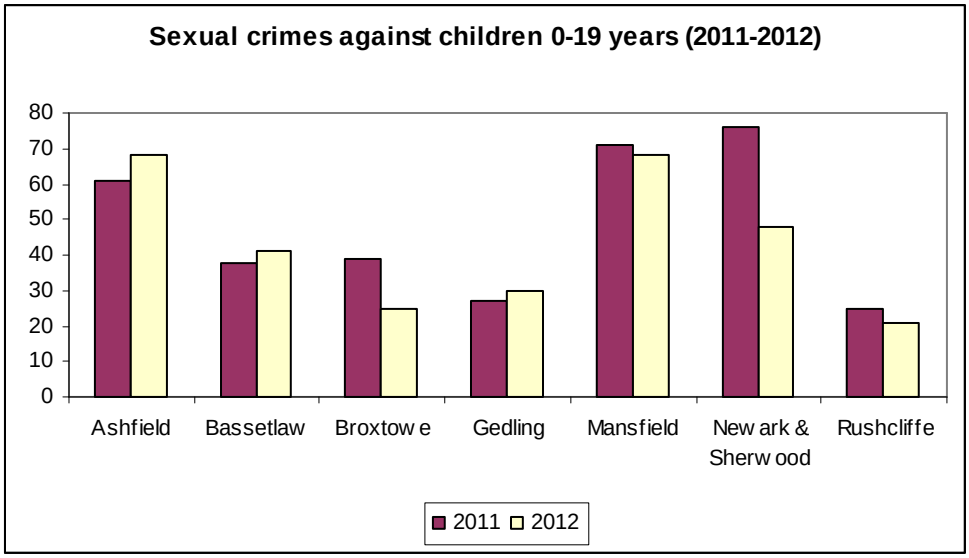
Table 5.5.11 Number of sexual crimes against children (19 and under) in Nottinghamshire by district (2011-2012)

District	2011	2012	% difference
Ashfield	61	68	+11.5%
Bassetlaw	38	41	+7.9%
Broxtowe	39	25	-35.9%
Gedling	27	30	+11.1%
Mansfield	71	68	-4.2%
Newark & Sherwood	76	48	-36.8%
Rushcliffe	25	21	-16.0%
Nottinghamshire	**337**	**301**	**-10.7%**

Source: Nottinghamshire Police, 2013

[22] District data in this sub-section relates to the location where the incident took place, rather than the residency of the child.

Figure 5.5.12 Number of sexual crimes against children (19 & under) in Nottinghamshire by district (2011-2012)



Source: Nottinghamshire Police, 2013

In terms of age and gender, females display higher levels of victimisation than males (Table 5.5.13). Rates of sexual crimes committed against females aged 0-4, 5-9 and 10-14 increased between 2011 and 2012. Rates of sexual crimes against males decreased during the same period in all age groups except the 0-4s.

Overall there has been a positive decrease in the number of sexual crimes committed against 15-19 year olds countywide between 2011 and 2012 (-48%), but those committed against 0-4 year olds trebled during the same period.

Table 5.5.13 Number and rate (per 1,000) of sexual crimes against children (19 & under) in Nottinghamshire by age and gender (2011-2012)

Age	Year	Number of crimes	Rate - male	Rate - female
0-4	2011	11	*	0.40
	2012	34	0.35	1.12
5-9	2011	57	0.65	2.07
	2012	58	0.56	2.27
10-14	2011	142	0.98	5.34
	2012	143	0.51	5.78
15-19	2011	127	0.53	4.87
	2012	66	*	2.72
Total 0-19	2011	337	0.56	3.21
	2012	301	0.38	2.99

Source: Nottinghamshire Police, 2013 [* Figure below 5 and suppressed.]

Hate Crime

The number of hate crime incidents against children and young people which are reported to the police is relatively low in Nottinghamshire - 56 offences in 2012 against males (aged 0-19) and 31 against females. The majority of these were racial offences, with the 15-19 age group experiencing the highest level of victimisation (Table 5.5.14). The main ethnicity type of victims of racial hate crime in Nottinghamshire is Asian.

At a district level, hate crimes against the 15-19 age group were highest in Ashfield for males (2.37 per 1,000) and Gedling for females (1.21 per 1,000)[23]. Rates for lower age bands by district are suppressed here as they are so low.

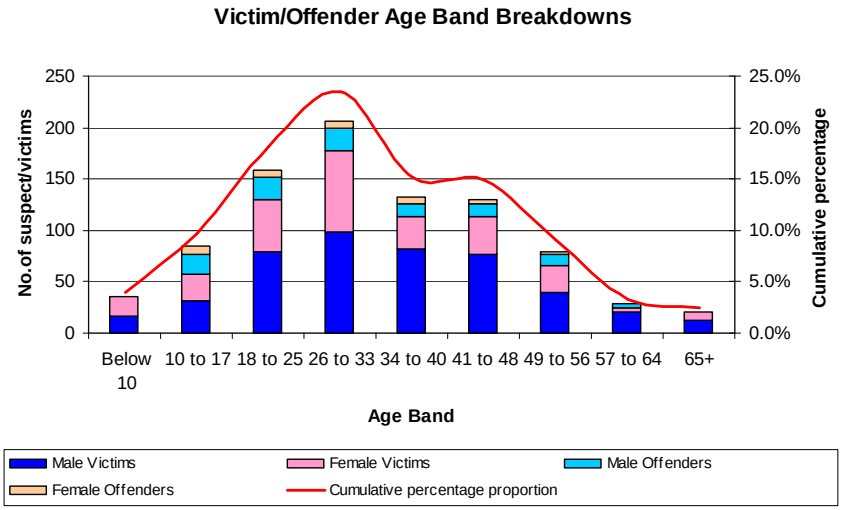
Table 5.5.14 Rates of hate crime aged 0-19 year olds (per 1,000) (January to December 2012)

Hate Crime Rates (per 1,000) - Victims (19 and below)				
	Males 1-4	**Males 5-9**	**Males 10-14**	**Males 15-19**
Nottinghamshire	*	*	0.81	1.42
	Females 0-4	**Female 5-9**	**Females 10-14**	**Females 15-19**
Nottinghamshire	0.00	*	0.40	0.82

Source: Nottinghamshire Police, 2013
[* Numbers below 5, so rate is suppressed. Census 2011 population data used.]

Most hate crime reported to the police is committed on victims between the age of 26 and 33 by offenders belonging to the same age band (Figure 5.5.15). The graph illustrates that the number of victims and perpetrators amongst children and young people make up a small proportion of the total.

Figure 5.5.15



Source: Nottinghamshire Police, 2013 (Data: April – December 2012)

[23] Source: Nottinghamshire Police

Following the implementation of the Equality Act 2010, schools are no longer legally obliged to share hate incident data with the Local Authority. Under the new legislation, schools are required to record and investigate all incidents. Since the change, around 50% of Nottinghamshire schools are still choosing to share data with the Local Authority. Children's Centres are also engaging with this agenda and act as reporting centres for the wider community. However, due to the changes in the specific legal requirements relating to the reporting of hate incidents, at present there is no established baseline which will enable meaningful comparative analysis, year on year.

Qualitative analysis does take place however. Each report submitted is reviewed individually to ensure that incidents are being managed appropriately, and to help identify any developing trends or areas of concern. There is considerable evidence to demonstrate that overall, victims are being effectively supported and that proportionate sanctions are employed in relation to alleged offenders.

Most reported incidents take place between children/young people and typically involve offensive comments being made related to race or religion. Although the highest number of reported incidents continues to relate to race, there is some evidence that schools are beginning to tackle homophobic incidents as well. Anecdotal evidence would suggest that there continues to be significant under-reporting by young people in this area, along with those incidents which are disabilist in nature. Occasionally, reports show that members of staff or parents have been subject to such comments from pupils or other parents. The vast majority of these take place in secondary settings.

The Equality Act 2010 requires settings to foster positive relations between different groups and to eliminate unlawful discrimination, including victimisation and harassment. Ofsted inspections take account of how successful schools and other bodies are in meeting their duties under this legislation. Schools need to demonstrate therefore, not only that they are managing hate incidents appropriately, but that they are taking a proactive response to preventing such incidents in the first place.

The Local Authority, in partnership with a number of organisations, has demonstrated firm commitment to this agenda with demonstrable success. School staff and governing bodies have received training and guidance in respect of their legislative duties and continue to have their policies and practice quality assured. Specific anti-bullying training is offered for school staff and parents/carers and a new programme around homophobic bullying is currently being developed as part of the County Council's work with the national charity Stonewall.

Nottinghamshire County Council's Achievement and Equality Team supports schools and children's centres through a range of training programmes. The team also organises an annual competition in conjunction with Show Racism the Red Card which also encourages children/young people from all ages to explore the subject through a set of nationally recognised resource materials. Similarly, joint work with the Holocaust Centre in Mansfield and Worksop is considered ground-breaking in its approach and is attracting considerable interest nationally and internationally.

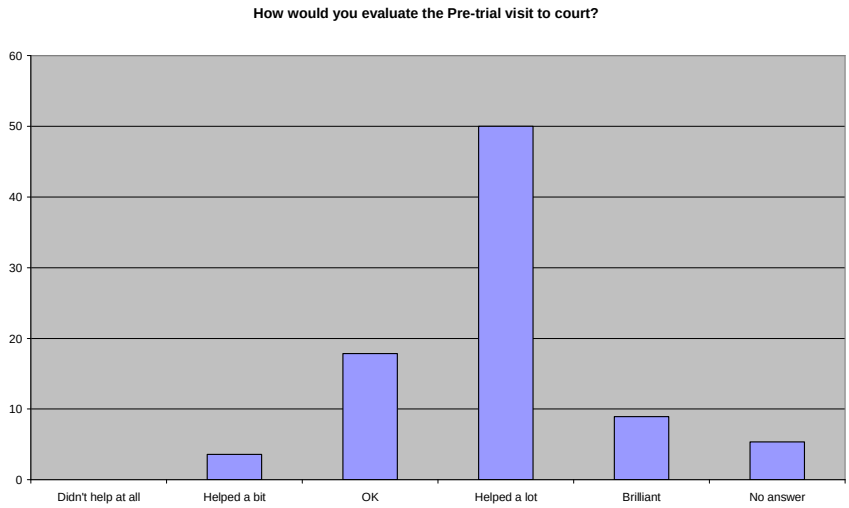
Several Nottinghamshire schools and children's centres are also working towards (or have already achieved) Level 1 of the Stephen Lawrence Education Standard. The Standard requires settings to link closely with parents/carers and the wider community to ensure that race equality is being positively promoted and that children/young people have opportunities to explore cultural diversity. The assessment process has identified some exceptionally strong practice which has further been acknowledged by recent Ofsted inspections.

It is too early to say whether the activity described above is having any significant impact on the number of prejudice-related incidents taking place in our schools and children's centres. However, there is strong anecdotal evidence to show that parents/carers feel positive about the work that is being undertaken.

Victim Support in Nottinghamshire

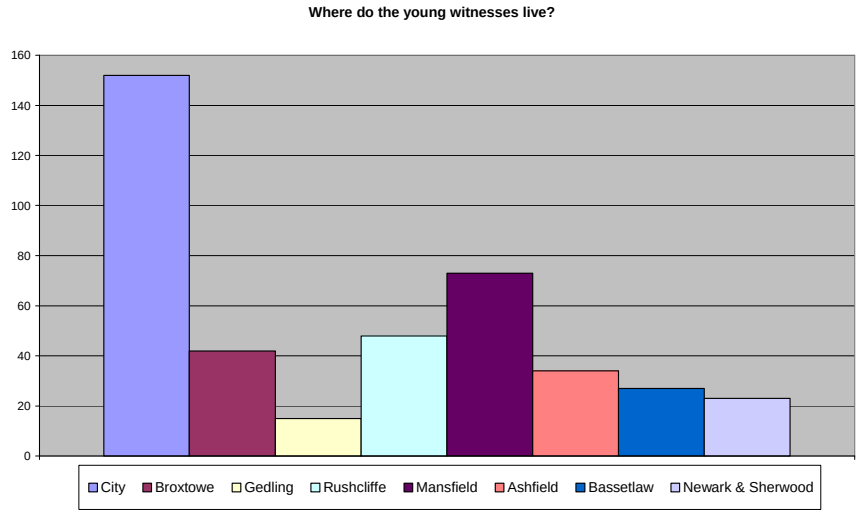
Nottinghamshire Victim Support's Young Witness Service supported 414 children and young people in 2011/12, 15 less than in 2010/11. In total, 186 young witnesses visited the court before the trial date, with the majority finding the experience helpful (Figure 5.5.16). Of the young witnesses who live in the county area, the most are from Mansfield, Rushcliffe and Broxtowe (Figure 5.5.17).

Figure 5.5.16 Young witnesses' evaluation of their pre-trial visit to court (2011/12)



Source: Victim Support Nottinghamshire, 2012

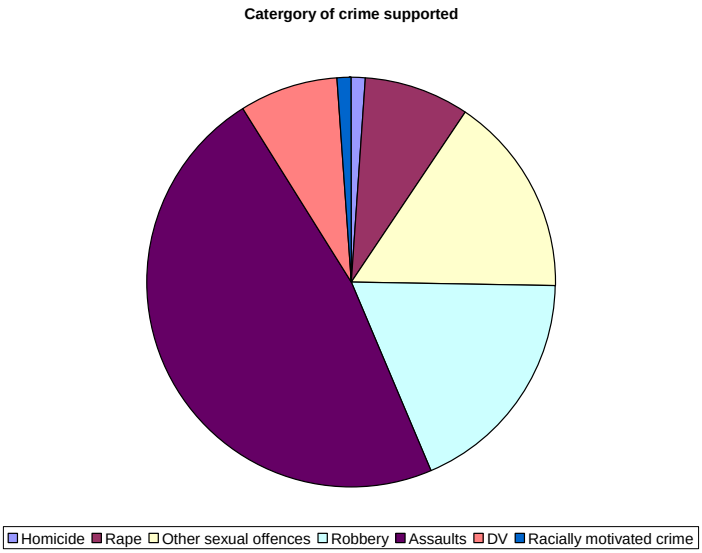
Figure 5.5.17 Residence of young witnesses (2011/12)



Source: Victim Support Nottinghamshire, 2012

The types of crime for which the children and young people give evidence are numerous and diverse, with assaults being the most common category (Figure 5.5.18). Following their involvement with the Young Witness Service in 2011/12, 79% of children and young people said they would be a witness again and 91% said they would report a crime again.

Figure 5.5.18 Type of crime for which young witnesses give evidence (2011/12)



Source: Victim Support Nottinghamshire, 2012

5.6 Domestic violence[24] (last updated March 2013)

Key Messages

1. There were 9,991 incidents of domestic abuse or violence reported to Nottinghamshire Police by Nottinghamshire residents in the year to December 2012. 4,110 of these incidents were recorded as crimes. The districts showing the highest volumes of domestic violence are Ashfield and Mansfield and the lowest is Rushcliffe.

2. Actual prevalence is much higher - estimated using anonymous survey results as affecting between 16,030 and 25,190 female victims in any one year in Nottinghamshire.

3. 131 safeguarding referrals to Nottinghamshire Children's Social Care were started on average each month between October 2011 and September 2012, where concerns were identified about the risk of domestic violence to the child or young person, 24% of all child referrals.

4. 496 Nottinghamshire children were the subject of a Child Protection Plan in September 2012 where there were concerns about domestic violence, 61.8% of all the children who were the subject of a Child Protection Plan.

5. 685 children were living in households discussed at Nottinghamshire multi-agency risk assessment conferences in the year to December 2012 (this means that the domestic violence taking place in their home is assessed to be high risk and therefore potentially life threatening).

National context and research evidence

More than one million women nationwide experience at least one incident of domestic abuse each year[25], which corresponds to 23,000 women a week. At least 750,000 children a year witness domestic violence[26]. Violence may most often be thought of as physical attack or sexual abuse, but it can also include emotional or psychological abuse, financial abuse and the imposition of social isolation. In addition to actual incidents of violence, the fear of violence limits choices and may result in further problems such as mental ill-health and substance misuse.

Domestic violence is often a hidden crime. Many incidents are not reported and help is rarely sought from professionals first. We know that there are no significant differences in domestic violence between rural and urban areas[26]. Attitudes to domestic violence in society are divided from zero tolerance to partial acceptance - in a Home Office opinion poll in February 2009[26], around one in five of those polled

[24] While this section examines domestic violence within families, national research suggests there is also a high level of violence within young people's relationships (NSPCC). There is no robust local data on violence in intimate teenage relationships and this subject would benefit from further local research.
[25] ONS Crime Survey for England and Wales 2011-12
[26] Department of Health 2002 (cited in 'Together we can end violence against women and girls: a strategy' (Home Office 2009))

thought that it would be acceptable in certain circumstances for a man to hit or slap his wife or girlfriend in response to her being dressed in revealing clothing in public.

Children are aware of domestic violence much earlier than parents realise – they recognise problems, but do not necessarily understand what is happening and why. Children exposed to domestic violence want to talk to someone who listens, whom they can trust and who will keep the information confidential – they are most likely to talk to their mothers or friends. Approximately 75% of children living in households where domestic violence occurs are exposed to actual incidents[27]. These children have an increased risk of developing acute and long term physical and emotional health problems[28]. Many will be traumatised by what they witness, whether it is the violence itself or the emotional and physical effects the behaviour has on someone in the household. It is also associated with an increased risk of abuse, deaths and serious injury for children and young people[29].

Domestic violence affects children's schooling, educational and play opportunities and their friendships. They may take on more physical or emotional responsibility for family members or household tasks and very little is known from research about the long term effects of domestic violence, although it has been estimated that children who have witnessed domestic violence are 2.5 times more likely to develop serious social and behavioural problems than other children[30], and they are also more likely to be perpetrators or victims of domestic violence as adults[31].

Domestic violence in Nottinghamshire

Domestic violence happens in all parts of Nottinghamshire, but levels of reporting to the police are highest in Mansfield and Ashfield and lowest in Rushcliffe (Table 5.6.1). The repeat crime level is a little below 20%.

Table 5.6.1 Domestic violence/abuse in Nottinghamshire (2012)

	Incidents	Crimes	Crime rate per 1,000 females	% of crimes which are repeat locations
Ashfield	1,866	822	13.5	19.8%
Bassetlaw	1,605	665	11.7	18.3%
Broxtowe	1,204	458	8.3	17.7%
Gedling	1,424	577	9.9	19.6%
Mansfield	1,855	820	15.4	20.2%
Newark & Sherwood	1,278	510	8.7	14.7%
Rushcliffe	759	258	4.6	17.1%
County	9,991	4,110	10.3	18.6%

Source: Nottinghamshire Police, 2013 [Census 2011 data used]

[27] Royal College of Psychiatrists (2004) Domestic Violence: its effects on children – fact sheet for parents and teachers [online]. Available from www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/domesticviolence.aspx

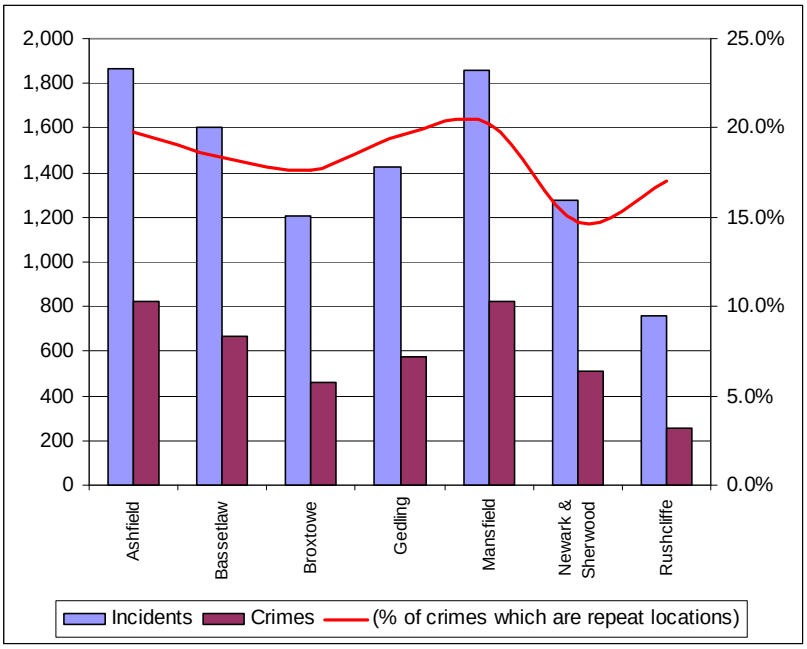
[28] Felitti VJ, Andrea RF, Nordenberg et al Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) study. American Journal of Preventative Medicine 1998;14 in Arias et al (2002) Violence against Women: the State of Batter Prevention Programs. The Journal of Law, Medicine and Ethics Vol 30:3

[29] Department of Health (2009) Improving safety, reducing harm: children, young people and Domestic Violence. A practical toolkit for front-line practitioners. London: Department of Health

[30] Wolfe, D. et al. Child Witnesses to Violence between Parents: Critical Issues in Behavioural and Social Adjustment, Journal of Abnormal Child Psychology 14 (1), 95-104, 1986

[31] Whitfield, C. et al. Violent Childhood Experiences and the Risk of Intimate Partner Violence as Adults, Journal of Interpersonal Violence 18 (2), 166-185, 2003

Table 5.6.2 Domestic violence/abuse in Nottinghamshire (2012)



Source: Nottinghamshire Police, 2013

The majority of domestic violence incidents or victims remain hidden, i.e. they are not disclosed to authorities. This makes it a challenge to accurately describe and analyse levels of need across Nottinghamshire. However, it is possible to estimate the numbers of victims by applying the findings of the British Crime Survey 2011/12 to the Nottinghamshire population (Table 5.6.3).

Table 5.6.3 Estimated number of female victims of domestic violence (16-59 years of age)[32]

Period	Percentage	Numbers
Across their lifetime	29% - 32%	66,410 and 73,280
In the last year	7% - 11%	16,030 and 25,190

Source: Home Office, 2012

Safeguarding children

On average, 131 child referrals to Children's Social Care in Nottinghamshire were started each month between October 2011 and September 2012 with concerns about domestic violence. This represented an average of 24% of all child referrals started during the time period (Table 5.6.4). Data from July 2012 to September 2012 shows that 391 child referrals were started in connection with domestic violence (24.0% of all referrals started), with the highest number in Mansfield (83) (Table 5.6.5).

[32] Hall P and Smith K (2011) Analysis of the 2010/11 British Crime Survey Intimate Personal Violence split sample experiment. Home Office July 2011 accessed November 2012 http://www.homeoffice.gov.uk/publications/science-research-statistics/research-statistics/crime-research/analysis-bcs-ipv-2011?view=Binary and http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates+by+Age+and+Sex

Table 5.6.4 Number of child referrals started with domestic violence in Nottinghamshire (Quarter 3 2011/12 – Quarter 2 2012/13)

	Total No. of Child Referrals Started	Child Referrals Started with Domestic Violence	**% with Domestic Violence**
Quarter 3 - 2011/2012	1817	517	**28.5%**
Quarter 4 - 2011/2012	1492	349	**23.4%**
Quarter 1 - 2012/2013	1591	310	**19.5%**
Quarter 2 - 2012/2013	1631	391	**24.0%**

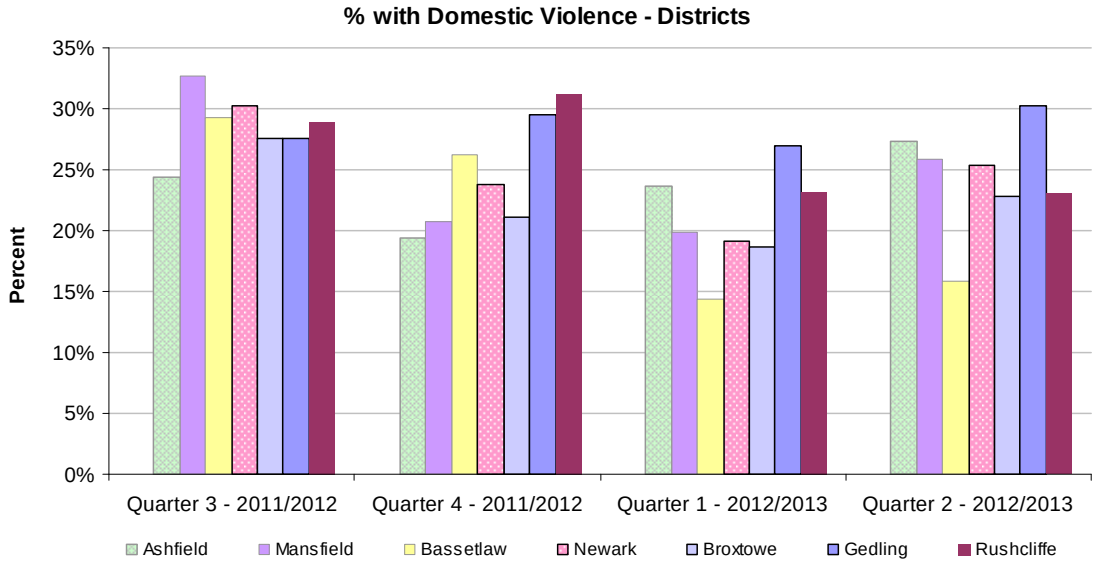
Source: Nottinghamshire County Council, 2013

Table 5.6.5 Number of child referrals started with domestic violence by district (Quarter 2 2012/13)

District	Total No. of Child Referrals Started	Child Referrals Started with Domestic Violence	**% with Domestic Violence**
Ashfield	271	74	**27.3%**
Mansfield	321	83	**25.9%**
Bassetlaw	239	38	**15.9%**
Newark	268	68	**25.4%**
Broxtowe	162	37	**22.8%**
Gedling	202	61	**30.2%**
Rushcliffe	113	26	**23.0%**
Other	16	*	**25.0%**
Blank	39	0	**0.0%**
Total	1,631	387 + *	**24.0%**

Source: Nottinghamshire County Council, 2013 [Number below 5 and suppressed]

Figure 5.6.6 Percentage of child referrals started with domestic violence by district (October 2011 - September 2012)



Source: Nottinghamshire County Council, 2013

Following each safeguarding referral and enquiries by Children's Social Care, a substantial number of children and young people are made subject to a safeguarding initial assessment. The district profile for initial assessments is broadly the same as for referrals.

Following this assessment, cases where children are at risk are reviewed at child protection conferences and the most vulnerable children and young people remaining in the community are subject to child protection plans. The proportion of children with identified concerns about domestic violence grows through these processes, demonstrating the high level of risk domestic violence poses to children. Table 5.6.7 shows the numbers involved and the proportion where domestic violence is a concern.

Table 5.6.7 Initial assessments, child protection conferences and plans (October 2011- September 2012)

SAFEGUARDING ARRANGEMENTS	All children/young people	Children/young people where domestic violence is identified	% domestic violence
Initial Assessments	6,217	1,686	27%
Initial Child Protection Conferences	555	322	58%
Repeat Child Protection Conferences	1,313	712	54%
Child Protection Plans	3,038	1,808	60%

Source: Nottinghamshire County Council, 2013

The district profile for child protection plans is shown in Table 5.6.8. During the period of July 2012 to September 2012, there were 496 children who were the subject of a child protection plan where there were concerns about domestic violence, 61.8% of

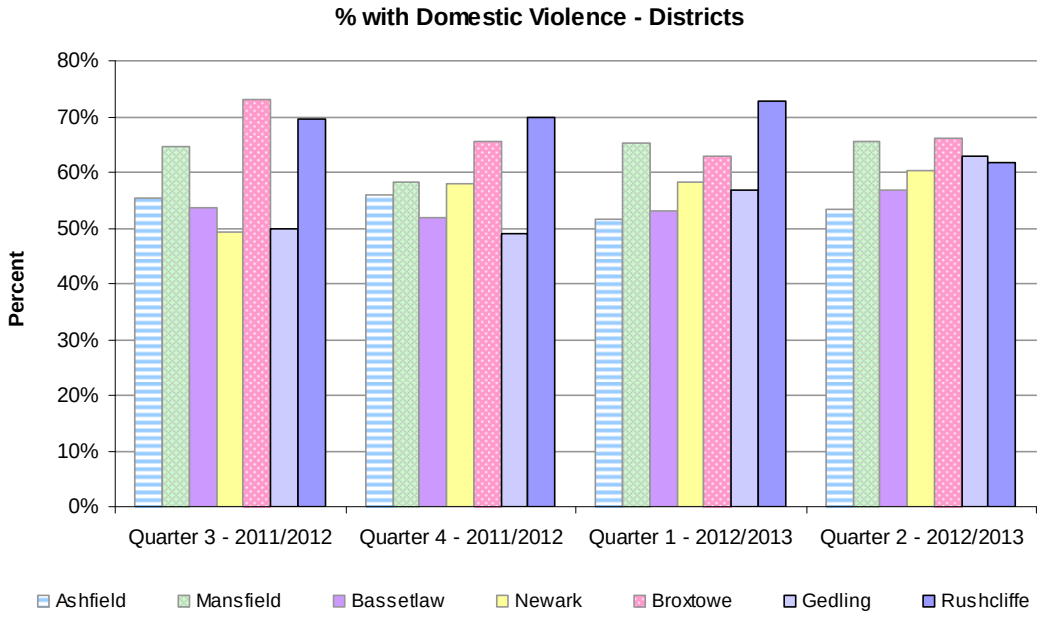
all children who were the subject of a Child Protection Plan, with the highest numbers in Newark & Sherwood (97) and Mansfield (93). This represents a slight countywide increase over the previous three quarters of 40 children and young people (from 456 in quarter 3 2011/12).

Table 5.6.8 Number of children who are subject to a child protection plan (CPP) with concern about domestic violence by district (July 2012 to September 2012)

District	Number of children subject of a CPP	Number of children subject of a CPP with domestic violence	% with domestic violence
Ashfield	133	71	53.4%
Mansfield	142	93	65.5%
Bassetlaw	118	67	56.8%
Newark	161	97	60.2%
Broxtowe	74	49	66.2%
Gedling	86	54	62.8%
Rushcliffe	34	21	61.8%
Out of county address	37	29	78.4%
No address shown	18	15	83.3%

Source: Nottinghamshire County Council, 2013

Figure 5.6.9 Percentage of children who are subject to a child protection plan with domestic violence concern by district (October 2011 to September 2012)



Source: Nottinghamshire County Council, 2013

Multi-agency risk assessment conferences

High Risk of Harm

In the twelve months to December 2012, there have been 685 children in households discussed at Nottinghamshire multi-agency risk assessment conferences (MARACs). This means that the domestic violence taking place in their home is assessed to be high risk and therefore potentially life threatening. This data reflects the high volume of serious domestic violence within families in the county. 200 of these children were discussed more than once because their risk level continued to be high.

Medium Risk of Harm

The Children's Social Care assessment teams in the county are supported by a team of domestic abuse link workers (DALWs) who contact families after a domestic violence incident which does not reach the threshold for a safeguarding initial assessment. More than 120 families have been advised or supported by DALWs in the last year, providing an additional layer of support with safety planning, legal advice and emergency accommodation if required.

Specialist Support

Women's Aid groups are now commissioned to provide 180 children and young people affected by domestic violence with specialist support each year. They are currently receiving a high level of demand for this service. An example from one of the services shows the range of needs identified:

Table 5.6.10 Children's needs identified by Women's Aid specialist domestic violence children's outreach service

Reason for involvement	Main reason child is accessing the service
Fear	20%
Lack of confidence	11%
Managing feelings	15%
Understanding healthy vs unhealthy relationships	22%
Self harm/mental health	15%
Safety awareness	8%
Managing anger	9%

Source: Nottinghamshire Women's Aid, 2013

Work in Schools

Nottinghamshire Domestic Violence Forum delivers Healthy Relationships Education in schools to raise awareness of abuse and encourage young people to expect to be respected in relationships and report abuse when it occurs. 630 children took part during 2012[33]. The programme aims to achieve:

- A reduction in children's actual experiences of physical and emotional abuse
- An increase in children's feelings of safety
- A reduction in self-harming behaviours, including substance misuse
- A reduction in aggressive and anti-social behaviour
- A reduction in children's levels of fear, anxiety and depression.

The project evaluation shows these aims were achieved for the majority of young people[34].

[33] Nottinghamshire Domestic Violence Forum, 2012
[34] Evaluation of The GREAT Project and Specialist Support (September 2012 to December 2012)

5.7 Interventions with families (last updated March 2013)

Key Messages

1. Over 800 Common Assessment Frameworks (CAFs) were logged in the county between April 2012 and December 2012, similar to the same period in 2011. The highest numbers were in Mansfield (165), Bassetlaw (135) and Ashfield (124).

2. 59% of CAFs undertaken between April 2012 and December 2012 were for males. The 12-16 age group had the highest proportion (35%), followed by 0-4s (28%) and 5-11s (27%).

3. The number of new cases for discussion by Joint Access Teams has decreased from 529 between April 2011 and December 2011 to 239 during the same period in 2012. Head teachers have reported they are more confident in knowing where to access support and are increasingly referring directly to relevant services.

4. 105 referrals were made to the Family Resource Service (children aged 8-18) between January and June 2012.

5. There are an estimated 1,580 'troubled families' in Nottinghamshire. 543 have been identified in Year One of the Supporting Families Programme, 244 have been contacted and 206 are engaged on the Programme (as at 31 December 2012).

Family Resource Service

The Family Resource Service works with families and children (aged 8-18) to:

- support and maintain children in their families wherever possible and prevent inappropriate admissions into care
- reduce the number of children looked after by means of crisis intervention and time limited packages of intensive work where there is a serious risk of family breakdown
- ensure that young people who are accommodated by the local authority are returned to their families wherever possible and as quickly as possible
- stabilise foster placements to prevent breakdown and therefore reduce the number of placements for children and young people
- provide advice, guidance and early support wherever possible to families of children over eight years of age who are experiencing difficulties in caring for their children.

During the period January 2012 to June 2012, there were 105 referrals to the Family Resource Service and nine young people were taken into care accommodation (Table 5.7.1).

Table 5.7.1 Summary of outcomes for interventions by the Family Resource Service (January 2012 to June 2012)

Month	Number of Referrals	Objective Achieved	Objective Not Achieved
January	19	95%	5%
February	25	100%	0%
March	15	100%	0%
April	15	100%	0%
May	15	100%	0%
June	16	100%	0%

Source: Nottinghamshire County Council, 2013
[Note: when the objective of preventing the child from being accommodated is not achieved, it does not necessarily mean the Service has failed, as it was in some of these children's/young people's best interest to be accommodated]

Kinship Care Support Service

Many kinship care arrangements are made within families without the need or requirement of social care involvement. Parents can elect to place their children with relatives for as long as they choose without the involvement of Children's Services. Young people may elect to go and live with relatives, with or without their parents' consent once they have reached age 16. The responsibility for funding these placements rests entirely with the parent or others with parental responsibility.

Social Care may have a role when:

- Help is required identifying potential family options for a child.
- An assessment is required of the potential family carer because of the child's needs, history and/or information known which may raise concerns about their ability to adequately care for the child.
- The child is the subject of public law proceedings.
- The child has been assessed as a child in need.

The aim of the kinship care support worker is to work with and support extended family members who are caring for children and young people who, for various reasons, are unable to live with their parents. Kinship care support workers will become involved either at the beginning of a placement or at any time throughout the placement.

There are two full-time kinship care workers who are based within the Family Resource Team and one kinship care benefit officer. As of the end of December 2012, the two kinship care workers were working with 53 children and, during the period January to December 2012, the kinship benefit officer completed ten initial household income assessments.

The Common Assessment Framework and Joint Access Teams

The Common Assessment Framework (CAF) is the standard assessment tool to facilitate integrated early intervention work with children, young people and families and helps workers to identify a child or young person's strengths, needs and goals. It

can be shared between services and used as a starting point for planning co-ordinated multi-agency action.

Joint Access Teams (JATs) act as a key mechanism for early intervention at a locality level across Nottinghamshire, with a clear multi-agency focus on early intervention. There are 42 operational JATs in the county, covering all Families of Schools (a secondary school and its catchment primaries). At each monthly meeting, children and young people are discussed (with consent) and actions agreed.

Intelligence from CAFs logged and JAT meetings can help to paint a picture of need in the local community. Tables 5.7.2 and 5.7.3 show the total number of CAFs logged between April 2012 and December 2012 compared to the same time the previous year. Between April 2012 and December 2012 slightly over 800 CAFs had been initiated, similar to the same period in 2011. The highest numbers were in Mansfield (165), Bassetlaw (135) and Ashfield (124). Six out of every ten CAFs (59%) undertaken between April 2012 and December 2012 were for males and the 12-16 age group had the highest proportion (35%), followed by 0-4s (28%) and 5-11s (27%).

Table 5.7.2 Total number of CAFs initiated by district (April 2011 to December 2011 and April 2012 to December 2012)

	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe	Out of County	Total
Total (Apr 2011 - Dec 2011)	129	138	84	98	153	96	85	17	800
Total (Apr 2012 - Dec 2012)	124	135	75	120	165	100	89	*	808+*

Source: Nottinghamshire County Council, 2013
[*Number below five and suppressed]

Table 5.7.3 Proportion of CAFs initiated in Nottinghamshire by age and gender (April 2012 to December 2012)

Age	
0-4	28%
5-11	27%
12-16	35%
17+	5%
Unborn	4%
Gender	
Male	59%
Female	37%
Unborn	4%

Source: Nottinghamshire County Council, 2013
[Percentages may not add up due to rounding]

Table 5.7.4 illustrates the numbers of CAFs logged by services across the county. Between April 2012 and December 2012, the majority of CAFs were logged by the County Council's Children, Families & Cultural Services Department (54%), followed by schools (29%). The reasons for initiating a CAF are detailed in Table 5.7.5, with nearly half (48%) of the CAFs relating to education and learning.

Table 5.7.4 CAFs logged by service (April 2011 to March 2012 and April 2012 to December 2012)

	Apr 2011 – Mar 2012	Apr 2012 - Dec 2012
CAMHS Locality Team	6	6
CFCS - Youth, Families & Culture (Targeted Support & Youth Justice Service and Young People's Service)	128	230
CFCS – Early Years & Early Intervention Service (Children's Centres)	263	190
CFCS – Education Standards & Inclusion	32	19
CFCS – Children's Social Care	13	*
District Councils	*	5
NHS Bassetlaw	21	21
NHS Nottinghamshire	0	10
Nottinghamshire Community Health	236	74
Nottingham University Hospital Trust	0	*
Police	5	*
Pre-school	10	*
School - Primary	248	138
School - Secondary	127	77
School - Special	18	15
School - NLC	38	6
Voluntary and Community Services	22	7
Other	9	*
Total	**1176 + ***	**812**

Source: Nottinghamshire County Council, 2013
[*Number below five and suppressed]

KEY:
CAMHS = Children and Adolescent Mental Health Service
CFCS = Children, Families & Cultural Services
NLC = Nottinghamshire Learning Centre

Table 5.7.5 Reasons for initiating a CAF (October to December 2012)

Health	27
Education & Learning	170
Emotional & Behavioural Development	58
Identity	0
Family & Social Relations	8
Social Presentation	*
Self Care Skills	0
Family, History & Functioning	44
Housing, Employment & Finance	7
Family's Social Integration	*
Community Resources	*
Basic Care, Safety & Protection	32
Emotional Warmth & Stability	0
Guidance, Boundaries & Stimulation	7
TOTAL	**357**

Source: Nottinghamshire County Council, 2013
[*Number below five and suppressed]

The number of new cases for discussion by JATs between April 2012 and December 2012 has decreased substantially compared to the same period in the previous year (Table 5.7.6 overleaf) – from 529 to 239. Head teachers have reported they are more confident in knowing where to access support for children & young people with additional needs and are increasingly referring directly to relevant services including the single point of access for early help through children's centres and targeted youth support. Work around JATs is developing to improve the tracking of referrals and analysis of information and to strengthen the links between CAF processes and the Multi-Agency Safeguarding Hub (MASH).

Troubled Families Programme

The Troubled Families Programme[35] is a national three year programme which is targeted at the most difficult to engage children, young people and their families. 'Troubled families' are households which are involved in crime and anti-social behaviour; have children not in school; have an adult on out of work benefits; and cause high costs to the public purse. The programme is funded by central government on a payment by results basis, which focuses on three outcomes:

- reducing criminal activity and anti-social behaviour in children and young people
- improving school attendance
- encouraging parents into work.

The indicative figure for Nottinghamshire provided by the Department of Communities and Local Government is 1,580 troubled families. The distribution of this estimated figure across the county using 2008 child poverty scores can be seen in Table 5.7.7.

[35] Known in Nottinghamshire as the 'Supporting Families Programme'

Table 5.7.6 Number of new cases for discussion by JAT (April 2011 to December 2011 and April 2012 to December 2012)

District		JAT	Apr 11 – Dec 11	Apr 12 – Dec 12
Ashfield	1.	Ashfield Academy	83	48
	2.	Kirkby Academy		
	3.	National CofE Academy/Holgate		
	4.	Quarrydale Academy		
	5.	Selston		
	6.	Sutton Centre Academy		
Bassetlaw	7.	Elizabethan Academy	74	40
	8.	Portland / Outwood Academy		
	9.	Retford Oaks Academy		
	10.	Serlby Park Academy		
	11.	Tuxford Academy		
	12.	Valley / Outwood Academy		
Broxtowe	13.	Chilwell	64	46
	14.	Eastwood		
	15.	George Spencer Academy		
	16.	Kimberley Academy		
	17.	White Hills Park Fed. Academy		
Gedling	18.	Arnold Hill Academy	52	14
	19.	Carlton le Willows Academy		
	20.	Christ the King Academy		
	21.	Colonel Frank Seeley		
	22.	Carlton Academy		
	23.	Redhill Academy		
Mansfield	24.	All Saints	94	39
	25.	Brunts Academy		
	26.	Garibaldi		
	27.	Manor Academy		
	28.	Meden Academy		
	29.	Queen Elizabeth Academy		
	30.	Samworth Church Academy		
Newark & Sherwood	31.	Dukeries Academy	94	43
	32.	Grove / Newark Academy		
	33.	Magnus		
	34.	Joseph Whitaker Academy		
	35.	Minster		
Rushcliffe	36.	Becket Catholic Vol. Academy	68	9
	37.	South Nottinghamshire Academy		
	38.	Harry Carlton / East Leake Academy		
	39.	Rushcliffe Academy		
	40.	South Wolds Academy		
	41.	Toot Hill Academy		
	42.	West Bridgford Academy		
		TOTAL	529	239

Source: Nottinghamshire County Council, 2013 [Numbers aggregated to protect identities]

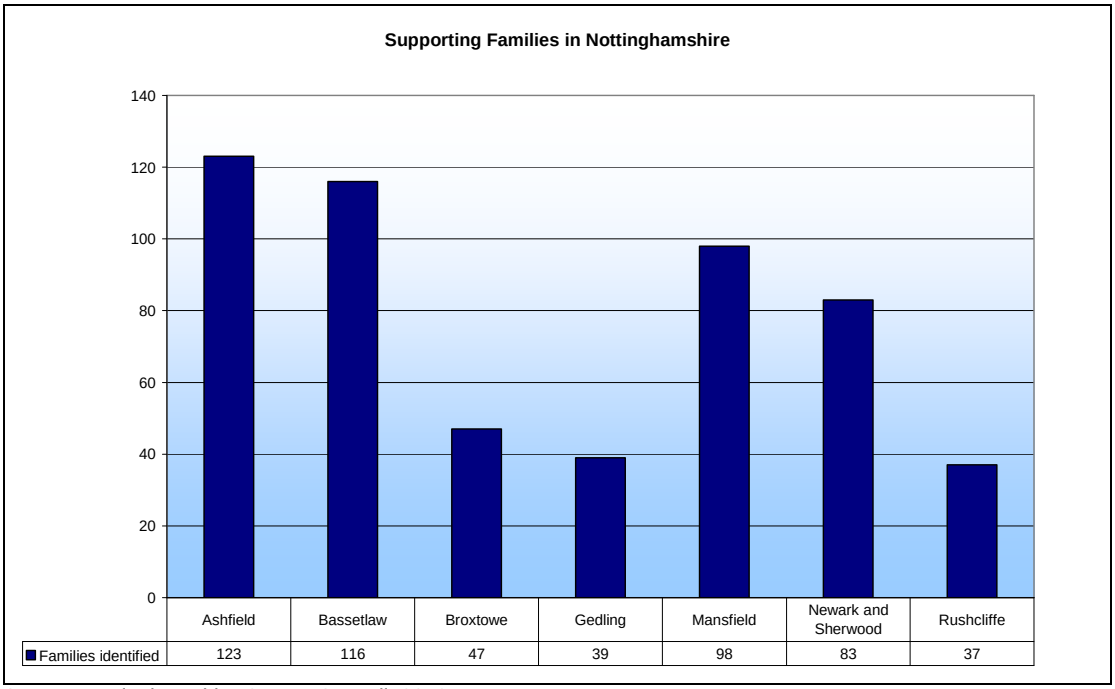
Table 5.7.7 Estimated number of 'troubled families' in Nottinghamshire

District	Percentage of children in poverty (2008)	Approximate number of families	Percentage of approximate number of troubled families
Ashfield	21.70%	294	18.61%
Bassetlaw	18.30%	248	15.70%
Broxtowe	14.20%	192	12.15%
Gedling	15.00%	203	12.85%
Mansfield	22.70%	308	19.49%
Newark & Sherwood	16.80%	228	14.43%
Rushcliffe	7.90%	107	6.77%
Nottinghamshire	**16.80%**	**1,580**	**100.00%**

Source: Nottinghamshire County Council, 2013

543 families have been identified in Year One of the Supporting Families Programme in Nottinghamshire (Figure 5.7.8). As at 31 December 2012, 244 families had been contacted and 206 of them were engaged with the Programme.

Figure 5.7.8 Numbers of families identified for Year One of the Supporting Families Programme in Nottinghamshire



Source: Nottinghamshire County Council, 2013

5.8 Youth justice (last updated March 2013)

Key Messages

1. The number of first time entrants aged 10-17 into the youth justice system continues to maintain a downward trend, with a 62% drop in 2011-12 compared to 2007-08.

2. Between April 2011 and March 2012, 29.2% of young people re-offended compared to 30.4% in the previous year.

3. Between January and December 2011, there were 1,390 young people in the youth justice system. 79.6% were boys and 20.4% girls.

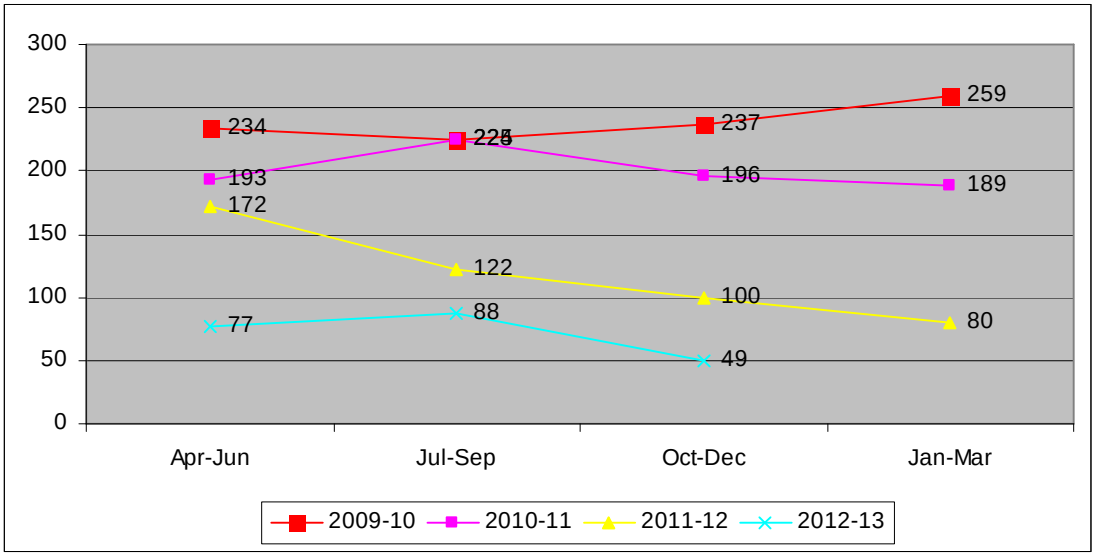
4. The majority of offences committed by children and young people (both boys and girls) within Nottinghamshire were violence (28.3%) and theft (22.5%).

5. There has been considerable progress in reducing the rate of young people who have experienced custody – down from 0.63 per 1,000 10-17 year olds in 2009/10 to 0.42 in 2011/12.

First time entries to the youth justice system

The number of first time entrants aged 10-17 into the youth justice system continues to maintain a downward trend. There has been a significant reduction from June 2010 which Figure 5.8.1 and Table 5.8.2 clearly illustrate. The baseline of 2007-08 gave a total of 1,260 first time entries which, in comparison with 2010-11, shows a 36% drop, exceeding the target set of 8.9%. Unlike many of our similar and neighbouring authorities, Nottinghamshire Police had not adopted restorative methods of dealing with many first time offenders, but from April 2011 we saw its introduction and first time entry numbers have reflected the positive effects of this practice, with a 62% drop in 2011-12 compared to 2007-08. Despite a slight rise in first time entries for the second quarter of this year, the figures for the current year continue to show a downward trend.

Figure 5.8.1 Number of first time entries to the youth justice system aged 10-17 (April 2009 – December 2012)



Source: Nottinghamshire County Council, 2013

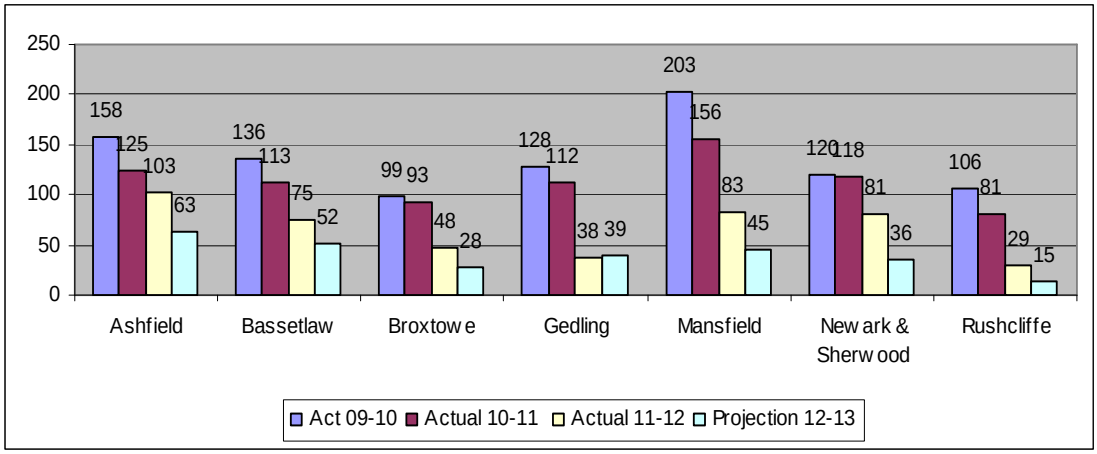
Table 5.8.2 Number of first time entries to the youth justice system aged 10-17 (April 2007 – December 2012)

		Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Total
Baseline	2007-08	350	338	295	277	1260
Actual	2008-09	246	207	225	212	890
Actual	2009-10	234	225	237	259	955
Actual	2010-11	193	224	196	189	802
Actual	2011-12	172	122	100	80	474
Year to Date	2012-13	77	88	49	-	-
	Baseline Comparison	-78.0%	-74.0%	-83.4%	-	-

Source: Nottinghamshire County Council, 2013

Over the last three financial years, all crime and disorder reduction partnerships (CDRPs) have seen a year on year reduction in first time entries. For some districts this has been a very significant reduction, for example Mansfield & Rushcliffe; others have been slightly less rapid, such as Bassetlaw & Ashfield; Gedling having had a significant reduction in 2011-12 is projected to remain at that same level for 2012-13 (Table 5.8.3). However, it should be borne in mind that the introduction of new out of court disposals from April 2013 will have an effect on first time entry numbers.

Table 5.8.3 Number of first time entries to the youth justice system aged 10-17 by district (2009/10 to 2012/13)

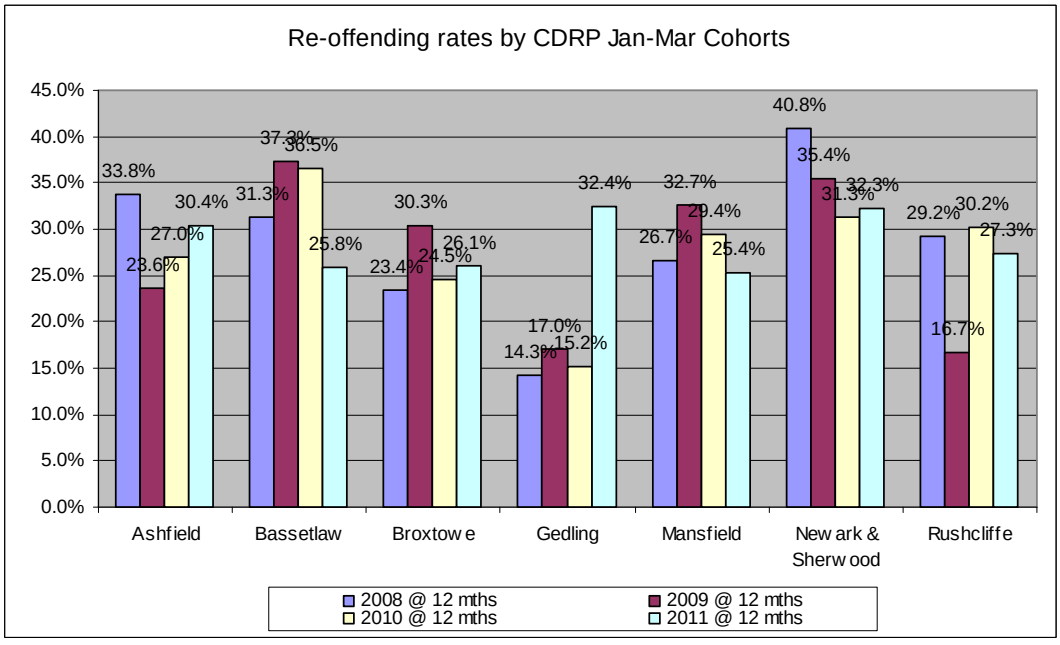


Source: Nottinghamshire County Council, 2013

Re-offending

Between April 2011 and March 2012, 29.2% of young people re-offended compared to 30.4% in the previous year. Ashfield, Broxtowe, Gedling and Newark & Sherwood saw an increase in their re-offending rates on the previous year, whereas Bassetlaw, Mansfield and Rushcliffe saw reductions. Figure 5.8.4 shows re-offending rates over the last three years broken down by CDRP.

Figure 5.8.4 Re-offending rates of young offenders by district (2008-2011)

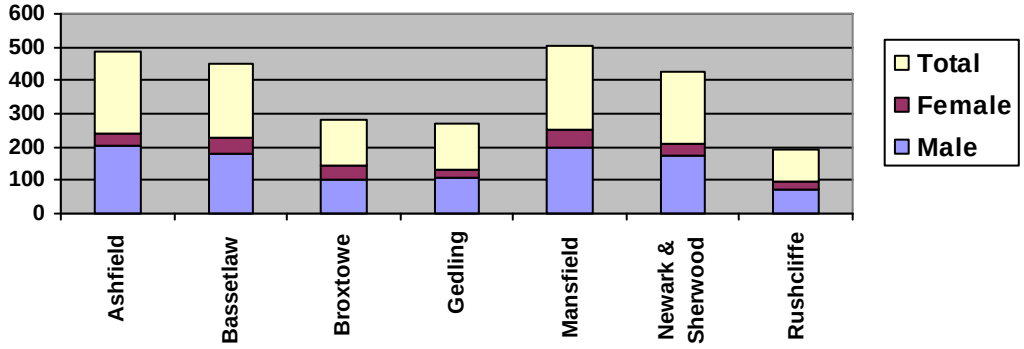


Source: Nottinghamshire County Council, 2013 [CDRP = Crime & disorder reduction partnership]

Profile of Youth Justice in Nottinghamshire

Between January and December 2011[36], there were 1,390 young people in the Youth Justice System. 79.6% were boys and 20.4% girls. Figure 5.8.5 shows the breakdown by district.

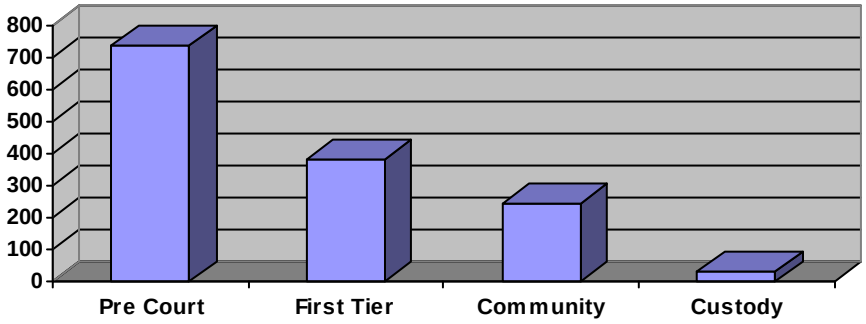
Figure 5.8.5 Number of young people in the Youth Justice System by district (January to December 2011)



Source: Nottinghamshire County Council, 2013

Figure 5.8.6 shows the breakdown of outcomes[37] that the 1,390 young people within the youth justice system in 2011 received. When broken down by gender (Figures 5.8.7 and 5.8.8), both boys and girls were dealt with by way of a pre-court disposal as the main outcome. However girls were more likely than boys to receive a pre court disposal, indicating that they were less criminally active than boys.

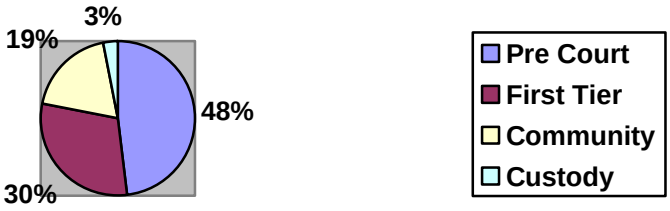
Figure 5.10.6 Breakdown of outcomes (January to December 2011)



Source: Nottinghamshire County Council, 2013

[36] Most recent full calendar year data at the time of writing
[37] Outcomes are broken down as follows: Pre-court = final warnings and reprimands; First Tier = referral orders, reparation orders, conditional discharges, fines etc; Community = supervised court orders such as youth rehabilitation orders and adult community orders; Custody = imprisonment.

Figure 5.8.7 Breakdown of disposals for boys (January to December 2011)



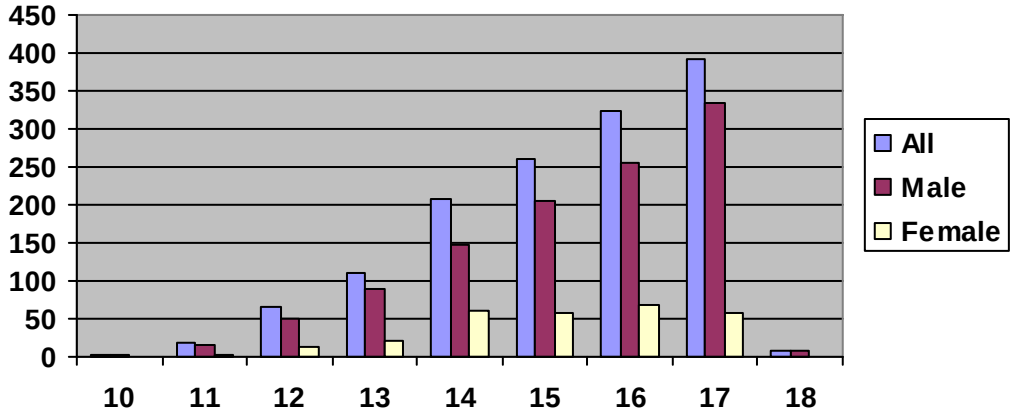
Source: Nottinghamshire County Council, 2013

Figure 5.8.8 Breakdown of disposals for girls (January to December 2011)

Source: Nottinghamshire County Council, 2013

Figure 5.8.9 shows that the peak age for offending in 2011 for males was 17 and it was 16 for females. The average age of arrest was 15.4 for boys and 15.1 for girls.

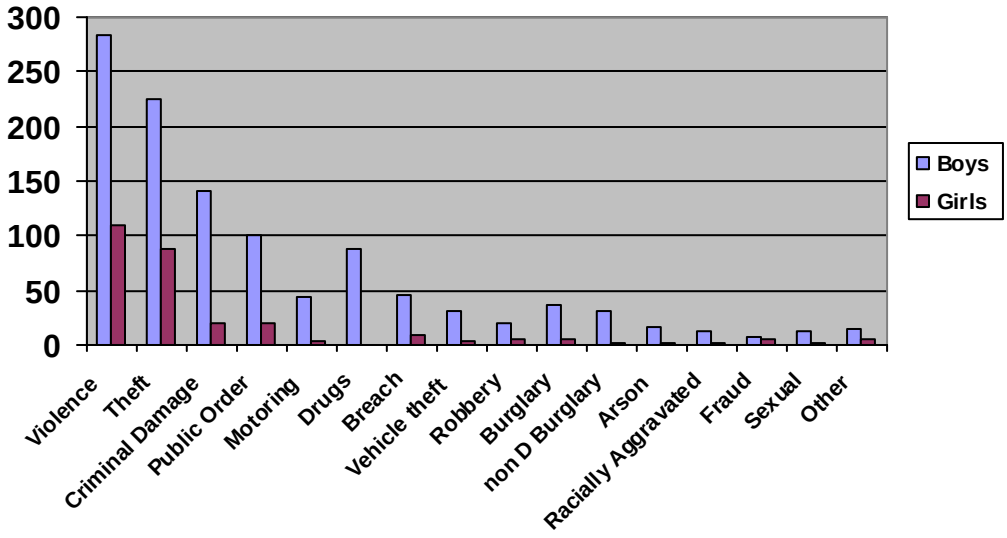
Figure 5.8.9 Age of arrest by gender (January to December 2011)



Source: Nottinghamshire County Council, 2013

The majority of offences committed by children and young people (both boys and girls) in Nottinghamshire were violence (28.3%) and theft (22.5%). Figure 5.8.10 shows the offence type breakdown.

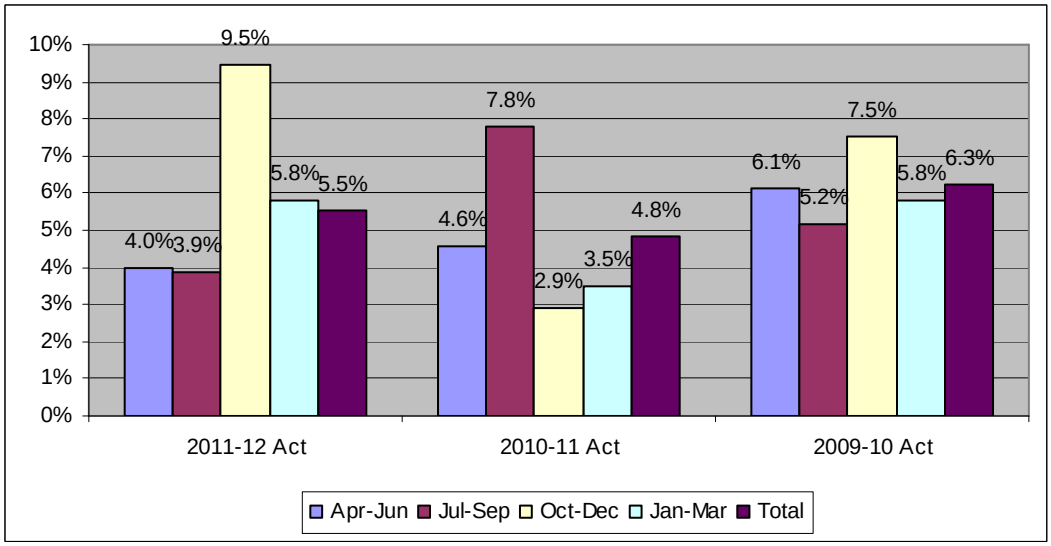
Figure 5.8.10 Offences committed by children and young people in Nottinghamshire (January to December 2011)



Source: Nottinghamshire County Council, 2013

Between April 2011 and March 2012, 5.5% of the children and young people who received a sentence of the court were sentenced to custody. This is higher than the previous year but remains below the 2009/10 figure (Figure 5.8.11).

Figure 5.8.11 Percentage of young people receiving custody as a sentence of the court



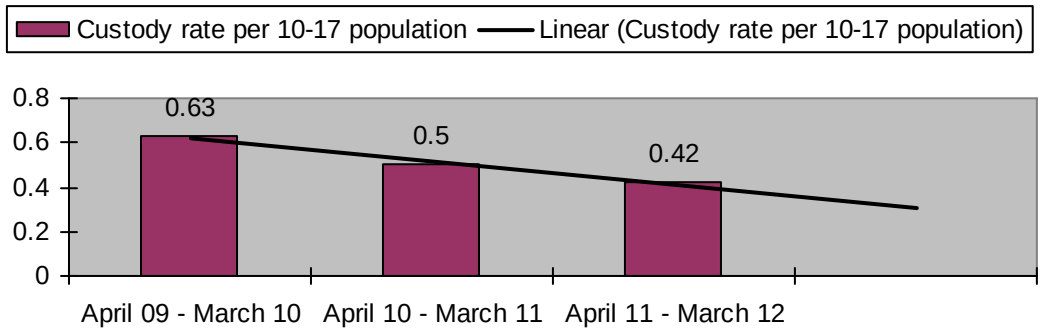
Source: Nottinghamshire County Council, 2013 [Act = Actual]

As the number of first time entrants reduces and the Youth Justice Service is focused upon managing children and young people with a higher number of convictions and offence seriousness, a continued reduction in percentage terms becomes more difficult to achieve. For example, although a higher percentage of young people received a custodial sentence in 2011/12 than in 2010/11, the actual number of

young people experiencing custody was lower – 32 young people were incarcerated in 2011/12, compared to 37 in the previous year.

When broken down by number of young people incarcerated per 1,000 of the 10-17 population, there has been considerable progress in reducing the rate of young people who have experienced custody since April 2009 (Figure 5.8.12).

Figure 5.8.12 Custody rate per 1,000 of the 10-17 population



Source: Nottinghamshire County Council, 2013

Office for National Statistics data provides information regarding the breakdown of the population by ethnicity. As can be seen from Table 5.8.13, whilst the percentage breakdown of children and young people from White, Chinese and Mixed Heritage backgrounds within the criminal justice system is similar to their representation in the community, young people from Asian backgrounds are under-represented in the criminal justice system. Conversely, Black/Black British young people are over-represented across all areas of the criminal justice system, but particularly with regards to custodial sentences. However, although this is worrying and will be monitored, when interpreting the data, the information should be regarded with caution as whilst the percentage figure is high (9.4%), actual numbers are low – less than five young people over the course of the year (exact number suppressed).

Table 5.8.13 Ethnic composition of young offenders (2011/12)

Ethnicity	ONS%	Pre-court	First-tier	Comm. Penalties	Custodial	Total
Asian or Asian British YTD	1.9%	0.6%	2.0%	0.0%	0.0%	0.9%
Black or Black British YTD	0.7%	2.0%	2.4%	2.6%	9.4%	2.5%
Chinese or other ethnic group YTD	0.6%	0.0%	0.0%	0.7%	3.1%	0.2%
Mixed YTD	2.4%	0.6%	2.8%	5.9%	3.1%	2.2%
White YTD	94.4%	96.7%	92.9%	90.8%	84.4%	94.3%

Source: Nottinghamshire County Council, 2013 [YTD = year to date]

5.9 Bullying and e-safety (last updated September 2013)

Key Messages

1. The rapid development of, and widespread access to, technology has provided a new medium for bullying which can take place both in and out of school. With an increasing emphasis on mobile technology, the old message of keeping the computer in a family room is largely redundant.

2. In a survey in February 2013 of 5,000 Nottinghamshire young people, around 80% said they own a mobile phone that could go online. 74% use social networks (a significant number under the recommended age of 13) chat rooms and virtual worlds.

3. In terms of e-safety education, respondents to the survey said they had mostly been taught in schools and by parents. When asked how good the education they had received was, 38% said it was very good, 51% said it was quite good, 6% said it was not good enough and 4% said it was useless.

4. 22% of respondents said they had been cyber-bullied, but rates are higher in vulnerable groups and among girls. Online experiences rated with the most severe impact were 'Humiliating photos of you deliberately sent around to upset you, laugh at or embarrass you' and 'Bullying carried on from your life in school'.

5. The use of games consoles online continues to demonstrate a high level of unpleasant behaviour for those playing multi-player games and communicating directly with other players.

6. Of those who were cyber-bullied, 63% told someone; of those who did tell someone, 53% got help to stop it. For 21% of those who sought help, the problem either stayed the same or got worse. For a further 8% it happened 'a bit less'. Only 50% of those who sought help were successful.

7. Groups more vulnerable to e-safety issues and cyber-bullying include looked after children (LAC), young carers, children with special educational needs and those who need help with English. For example, 44% of young carers reported being asked by a stranger to meet up and 40% of LAC said they experienced unwanted sexual suggestions, jokes or threats online.

8. Young people who are singled out for homophobic bullying in cyberspace talk of it happening every day or many times each day. This is an intensive and severe experience. Vulnerable young people from the groups above experience more homophobic bullying than their peers, which suggests that this behaviour is a proxy for disablist bullying or prejudice-driven behaviour towards people in care.

National and local context

Bullying makes the lives of its victims a misery, undermines their confidence and destroys their sense of security. It impacts on attendance at school and marginalises those groups who may be particular targets. It can have a life-long negative impact and in worst cases has been a factor in pupil suicide.

The Coalition Government has made preventing and tackling bullying one of its top priorities, recognising that pupils learn best in a safe and calm environment that is free from disruption and in which education is the primary focus. The Ofsted school inspection framework includes 'behaviour and safety' as one of its key criteria for inspections. Schools should be able to demonstrate the impact of anti-bullying policies.

New advice for school leaders acknowledges that the problem of bullying also persists outside school, in the local community, on the journey to and from school and may continue into further education. The increasing use of digital technology and the internet has also provided new and particularly intrusive ways for bullies to reach their victims.

There is evidence that a substantial amount of bullying is fuelled by prejudice – racial, religious, sexual and homophobic, against children with special educational needs or disabilities and against children who are perceived to be different in some way. Groups of children who are particularly vulnerable include looked after children, young carers, children from traveller families and children affected by parental substance misuse and domestic violence.

Nottinghamshire has adopted the Department for Education definition of bullying:

"*Behaviour by an individual or group repeated over time, that intentionally hurts another individual or group either physically or emotionally*."[38]

Young people who worked to produce the young person's version of the Nottinghamshire Anti-Bullying Policy (2011-14) wished to add:

"This can happen in the real or digital world."

There is very little local data on bullying available. Data from the 2010 Tellus Survey[39] evidenced that 31% of Nottinghamshire children had reported experiences of bullying. This compared unfavourably to the East Midlands average at the time of 30% and the England average of 29%. 52% of pupils reported that they had been bullied at school at some point, which was well above the statistical neighbour (47%) and national (46%) average and 25% had been bullied at school in the preceding year (statistical neighbour/national average 26%). Nearly half (49%) of those who were bullied in the preceding year were bullied at least every month and 22% said it was as frequent as 'most days', with 12% 'every day' (in line with statistical and national results). In addition, 24% of Nottinghamshire pupils reported that they had been bullied at some point when not in school (statistical neighbours 22% and England 21%).

[38] Department for Education, July 2011

[39] Caution should be exercised when using this 2010 Tellus data. Although the (then) Department for Children, Schools and Families regarded the data as statistically valid, only 21 schools in Nottinghamshire responded (488 primary pupils and 972 secondary pupils) to the survey.

Access to new technologies and cyber-bullying

The rapid development of, and widespread access to, technology has provided a new medium for bullying which can take place both in and out of school. This is a different form of bullying which can occur at any time and with a potentially bigger audience. Examples of cyber-bullying can include:

- inappropriate text messaging and emailing
- sending offensive or degrading images by mobile or internet
- misuse of social networking sites
- misuse of online gaming[40]
- hacking (gaining access to personal details and consequent abuse of personal accounts)
- hate websites
- cyber-stalking (constant monitoring of online activities).

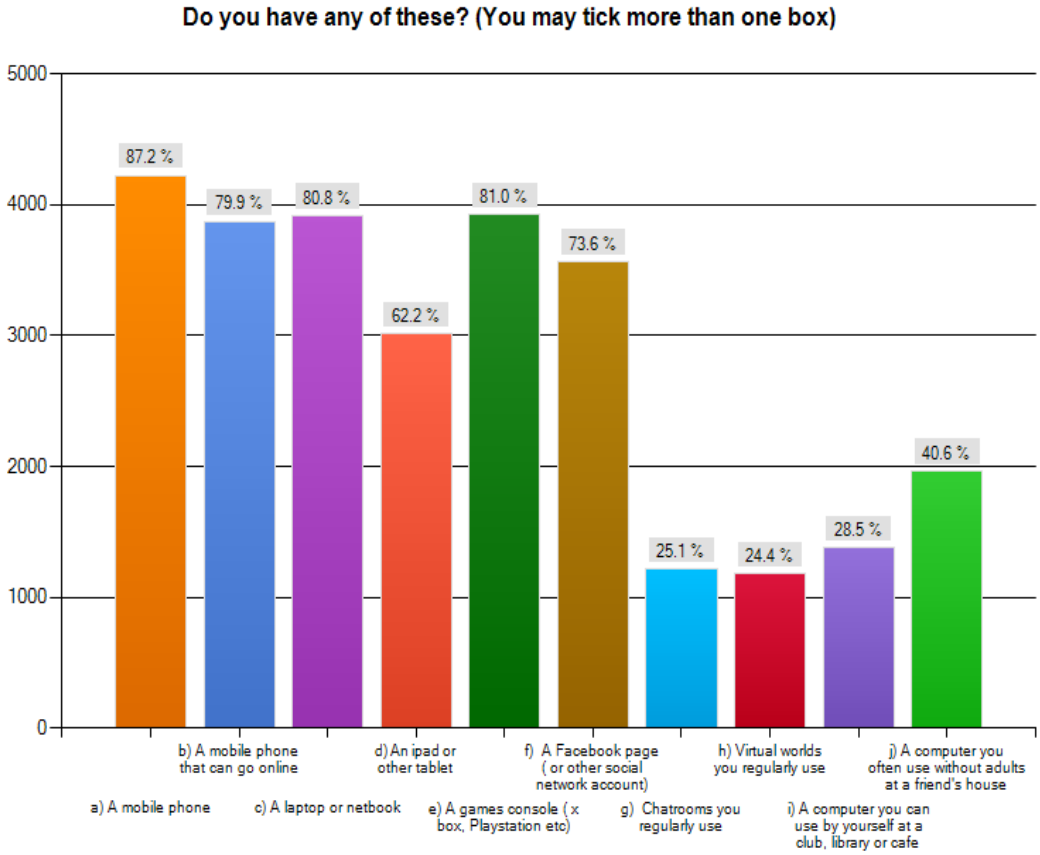
The most recent local qualitative cyber-survey of 10-18 year olds was undertaken in February 2013 in primary, secondary and special schools across the county. In total, 5,032 useable responses were received with a gender split of almost exactly 50/50. 40% of responses were from the age group 12-13.

Access to new technologies is widespread and increasing rapidly as multiple devices are available in homes (Figure 5.9.1). Young people in Nottinghamshire have access to a range of technology, with an increasing emphasis on mobile technology. The old message of keeping the computer in a family room is therefore largely redundant. It is important that when families buy these devices for their children, they start to talk about how to keep safe and they use the appropriate parental controls according to the age of their child.

Schools and families need to work together to make young people digitally competent citizens, and staff working in schools and other settings such as youth clubs need training and updates to keep up with emerging digital trends. 74% of the survey sample said they use social networks (a significant number under the recommended age of 13) chat rooms and virtual worlds - educating them to use these responsibly and to how to deal with the unpleasant and unacceptable behaviour is very important.

[40] Online gaming can be used to both abuse verbally and also to exploit sexually – adults with a sexual interest in children will encourage them to engage in sexual acts via webcam or sex chat in exchange for 'cheats' or knowledge to progress within a game.

Figure 5.9.1 Young people's access to new technologies



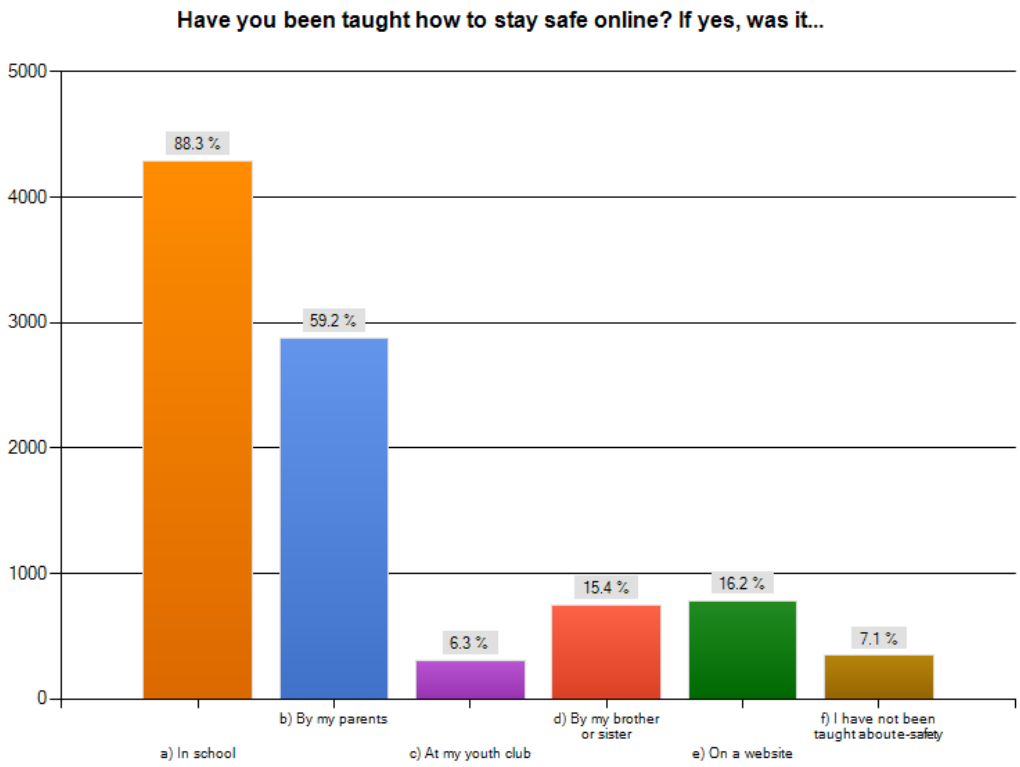
Source: Nottinghamshire County Council, 2013

In terms of safety education, the majority of respondents to the survey said they had been taught in schools (Figure 5.9.2). Parents were more likely to teach girls to be safe online than boys (67% compared to 53%). Certain groups of respondents said they had different experiences from their peers suggesting that they need more support to stay safe online. These include:

- Those who are looked after (LAC), who report that they tend to learn from websites and youth clubs. A quarter said they were taught by siblings.
- Respondents with special educational needs (SEN) are more than twice as likely to say they have not been taught to stay safe online (14%). Almost a quarter of respondents with SEN were taught by a sibling.
- 11% of young carers have not been taught to stay safe online and as many as a quarter of young carers relied on a website for this information, in contrast to 16% of peers.
- Respondents who need help with English are twice as likely as their peers to say they have not been taught and more than one in five were taught by siblings.

As well as the need to offer extra support to these groups, it is also important to ensure training is available for appropriate staff, families and carers.

Figure 5.9.2 Sources of information on e-safety



Source: Nottinghamshire County Council, 2013

When asked “How good was the e-safety education you received?”, 38% said it was very good, 51% said it was quite good, 6% said it was not good enough and 4% said it was useless.

There was a wide difference in the ages at which the respondents had been taught to stay safe online. The youngest were 6-7 and the oldest was 11 years of age. Although at first it appears that most people were taught how to stay safe online at the right age (80%) with only 12% saying it was too late and 8% saying it was too early, it is important to note that among the vulnerable groups and those who are victims of cyber-bullying and homophobic or other forms of prejudice driven bullying, the rates for ‘too late’ are far higher:

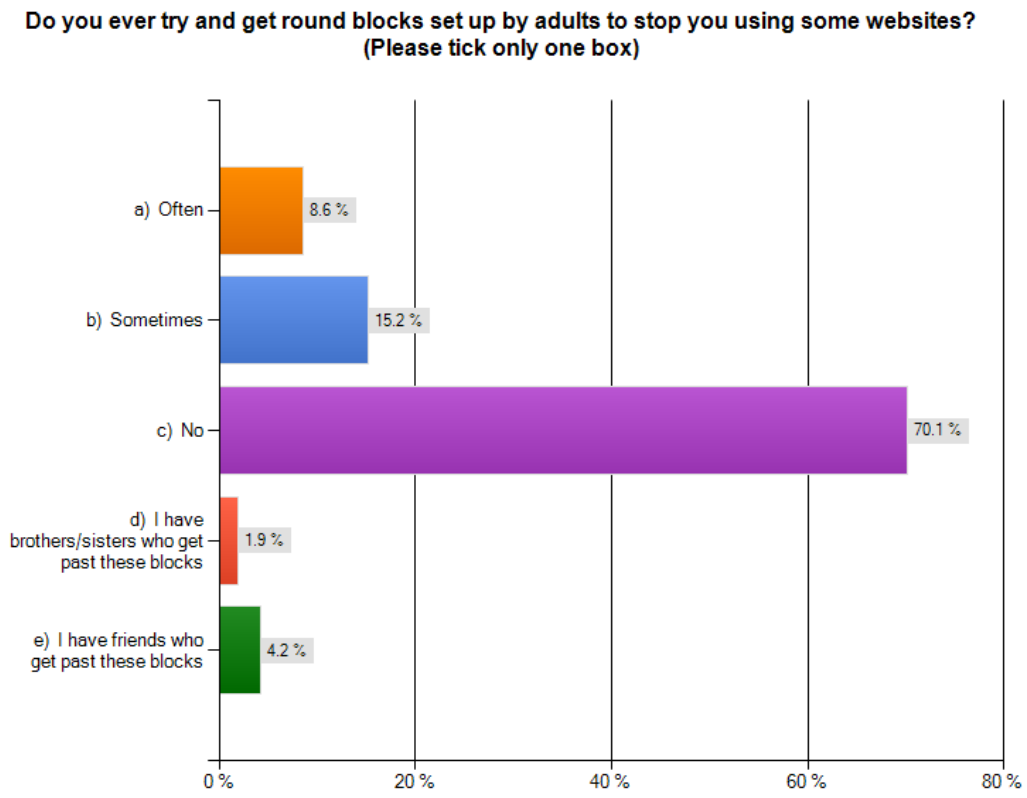
- No difficulties - 12% were taught too late
- SEN - 22% were taught too late
- LAC - 28% were taught too late
- Young carers - 19% were taught too late

This suggests that care is needed to ensure that these vulnerable students are given multiple opportunities to access this information. The message to parents and schools in general should be to start as early as possible with age appropriate messages and to build on these.

The messages need to be current and realistic for the young people, as we know some are not following the advice. 41% of those surveyed said they always follow the guidelines about e-safety, 45% sometimes do so and 14% said 'not really' or 'never'. Vulnerable groups and boys are less likely to consistently follow the guidelines. Girls are more likely than boys to say that they always do so (46% girls vs. 35% boys). Over a quarter of the LAC and SEN respondents answered 'not really' or 'never'.

Awareness of blocks set up in school, at home or on their mobile was poor but despite this, many people said they could get round blocks set up by adults to prevent them visiting certain sites (Figure 5.9.3). Young carers were more likely to say their parents had set up blocks at home, yet they were almost twice as likely to get round blocks 'often' or 'sometimes', compared to peers with no difficulties. Boys were a third more likely than girls to try to get round these blocks. Respondents in care as well as those with SEN were three times more likely than peers to try to get round blocks. It would appear that more work with parents on the use of blocks and filters is needed.

Figure 5.9.3 Efficiency of blocks and filters set up by adults



Source: Nottinghamshire County Council, 2013

Experiences of negative online behaviour

Respondents were asked whether they had experienced any types of bad online behaviour and also to rate how it made them feel. 'Really awful' was the most severe rating. It was not the most commonly experienced categories ('unpleasant name calling' (2,105 pupils) and 'people talking about you nastily online' (1,857 pupils) that

had the most severe impact, but rather the online experiences with the highest average rating were:

- 'Humiliating photos of you deliberately sent around to upset you, laugh at or embarrass you' (1,419 pupils reported this)
- 'Bullying carried on from your life in school' (1,558 pupils reported this).

Vulnerable groups reported the impacts rather differently from peers with no difficulties, for example those in care were made to feel 'really awful' by threats, messages calling them gay and humiliating photos. Respondents with special needs were very upset by messages calling them unpleasant names and making insults because of disability. One in five young carers said they felt really awful due to a message trying to make them do something they did not want to do. Those who need help with English were particularly distressed by messages from strangers asking to meet up and also by online behaviour that was bullying carried on from their life in school.

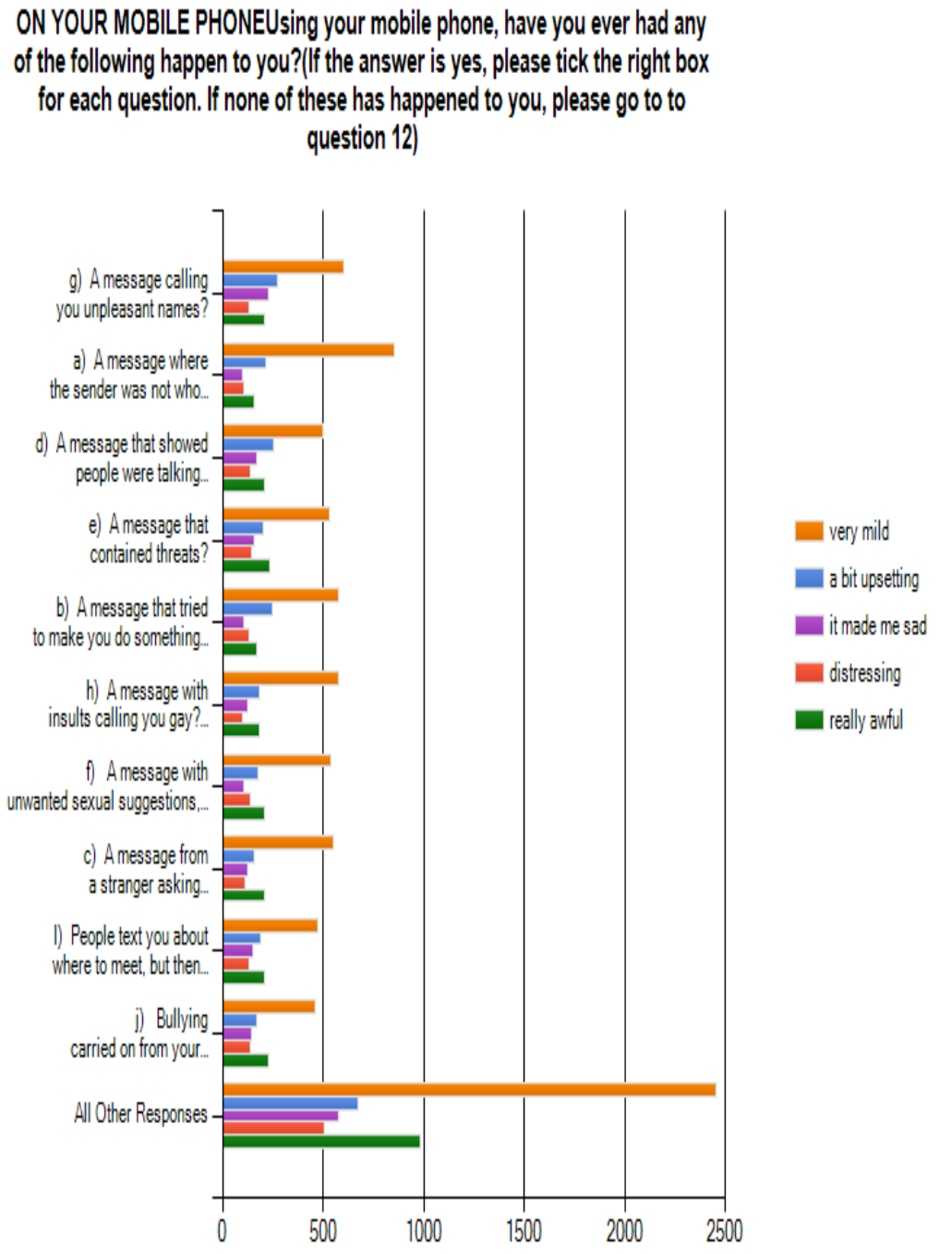
On mobile phones, messages from a sender who was not who they said they were was the most commonly reported experience (Figure 5.9.4). The use of games consoles online seems to continue to demonstrate a high level of unpleasant behaviour for those playing multi-player games and communicating directly with other players. Bullying on games consoles (Figure 5.9.5) was more likely to be a concern for those who were also bullied in school, particularly by 35% of those in care and 32% of those with SEN who said they experienced 'bullying carried on from life in school' when online playing games. By contrast, this was mentioned by only 10% of their peers with no difficulties.

Worryingly, when using games consoles online, 42% of the LAC group reported being asked by a stranger to meet up and 38% said they received a message that 'tried to make you do something you did not want to do', in contrast to 15% of peers. As many as 41% of people who need help with English said they received this type of coercive message. 44% of young carers also reported being asked by a stranger to meet up. In addition, 40% of LAC respondents said they experienced unwanted sexual suggestions, jokes or threats online when using games consoles, compared to 15% of peers.

Despite large numbers of people saying they had experienced aggression online or on mobiles, they did not all consider this to be cyber-bullying. A definition was given with the question. 22% of the entire sample said they had been cyber-bullied (1,005 people). This is very slightly above the average found in the Cybersurvey which is 19% over the past three years. But rates are higher in vulnerable groups and among girls. 10% of the sample (405 people) said they had been homophobically bullied. However, some of the groups such as LAC or those with SEN report far higher rates than their peers. Young carers and those who need help with English are most likely to consider that they have been cyber-bullied.

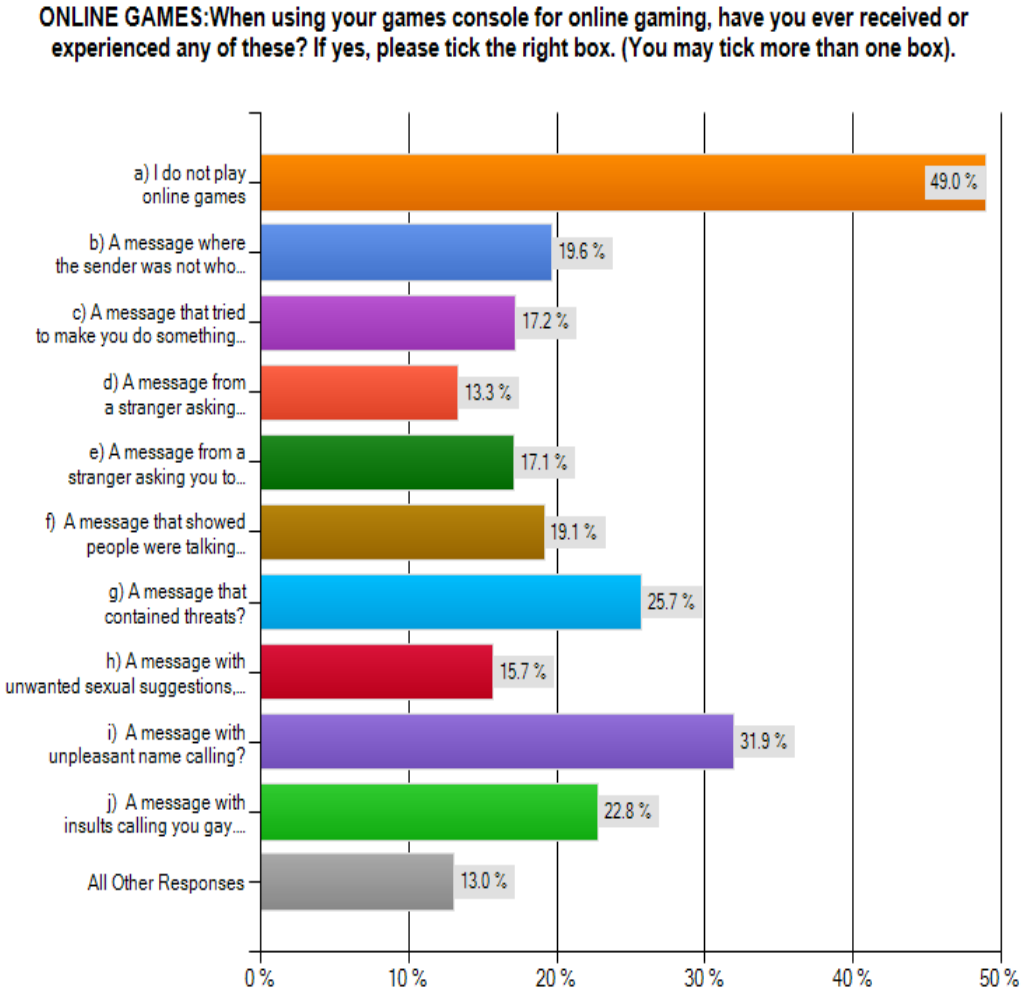
Many of the young people rated the unpleasant behaviour with a low score in how it made them feel. What does this mean? Are we as adults underestimating our children's ability to deal with unpleasantness? Are young people underplaying the unpleasantness to avoid adults interfering? Is it that young people do not want to admit to being bullied? Interestingly, whilst only 12% admitted to bullying online, 73% said they knew someone else who had been bullied. This does suggest more work around acceptable online behaviour and maybe extending work on friendship/relationships to include behaviour online.

Figure 5.9.4 Negative online experiences via mobile phones



Source: Nottinghamshire County Council, 2013
[In full: a) A message where the sender was not who they said they were; b) A message that tried to make you do something you did not want to do; c) A message from a stranger asking you to meet up; d) A message that showed people were talking about you nastily online; f) A message with unwanted sexual suggestions, jokes or threats; h) A message with insults calling you gay (whether true or not); j) Bullying carried on from your life in school; l) People text you about where to meet, but then change the place on purpose without telling you – so that they can make fun of you or leave you out]

Figure 5.9.5 Negative online experiences via games consoles



Source: Nottinghamshire County Council, 2013
[In full: b) A message where the sender was not who they said they were; c) A message that tried to make you do something you did not want to do; d) A message from a stranger asking you to meet up; e) A message from a stranger asking you to share your location; f) A message that showed people were talking about you nastily online; h) A message with unwanted sexual suggestions, jokes or threats; j) A message with insults calling you gay (whether true or not)]

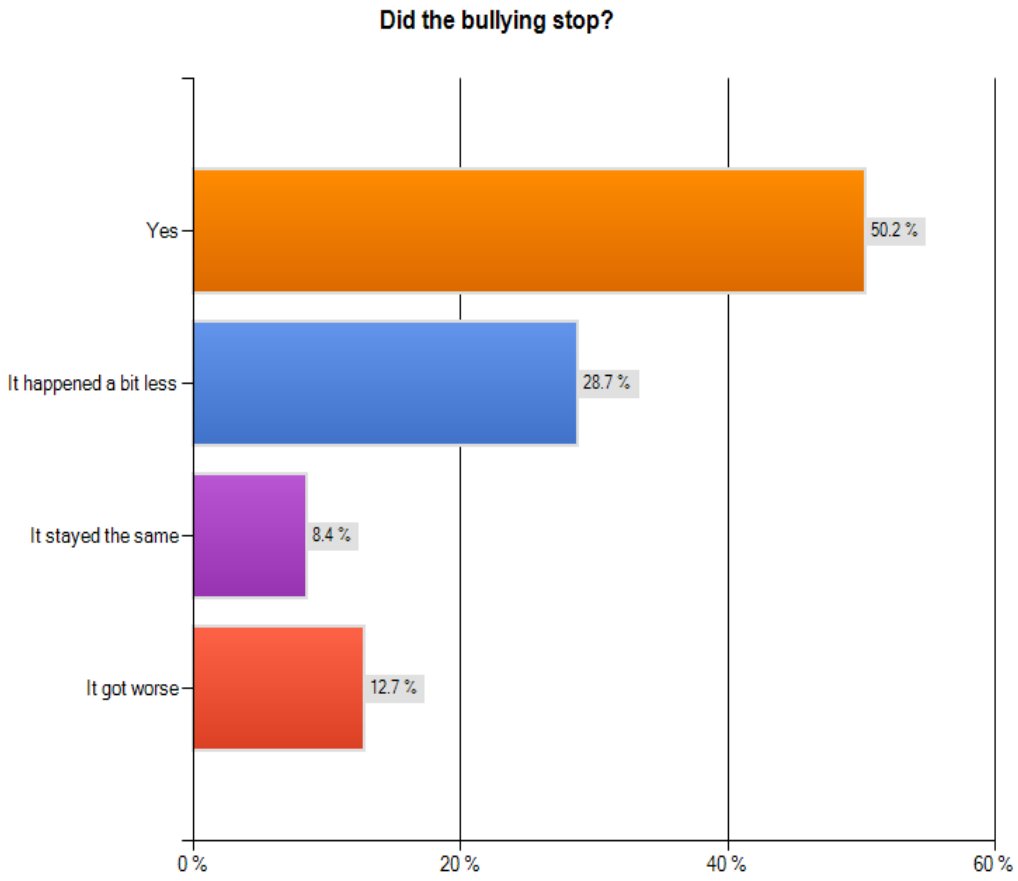
Of those who were cyber-bullied, 63% told someone and 37% did not. Of those who did tell someone, 53% got help to stop it and 47% did not. For 21% of those who sought help, the problem either stayed the same or got worse. For a further 8% it happened 'a bit less'. Only 50% of those who sought help were successful (Figure 5.9.6). It is clearly important to ensure that staff and families have the strategies to deal effectively with behavioural issues and cyber-bullying, so young people have the confidence to ask for help.

Among the vulnerable groups:

- Only 40% of LAC told someone and of those who did, 34% got help to stop it. 44% of those LAC young people who told someone said this 'made it worse'.
- 60% of cyber-bullied SEN students told someone; of those who did, 44% got help to stop it

- 50% of young carers told someone and, of those who did, 53% got help to stop it - but for 26% of these people it got worse as a result.
- People who need help with English have an almost identical response pattern to young carers.

Figure 5.9.6 Outcomes of telling someone about cyber-bullying

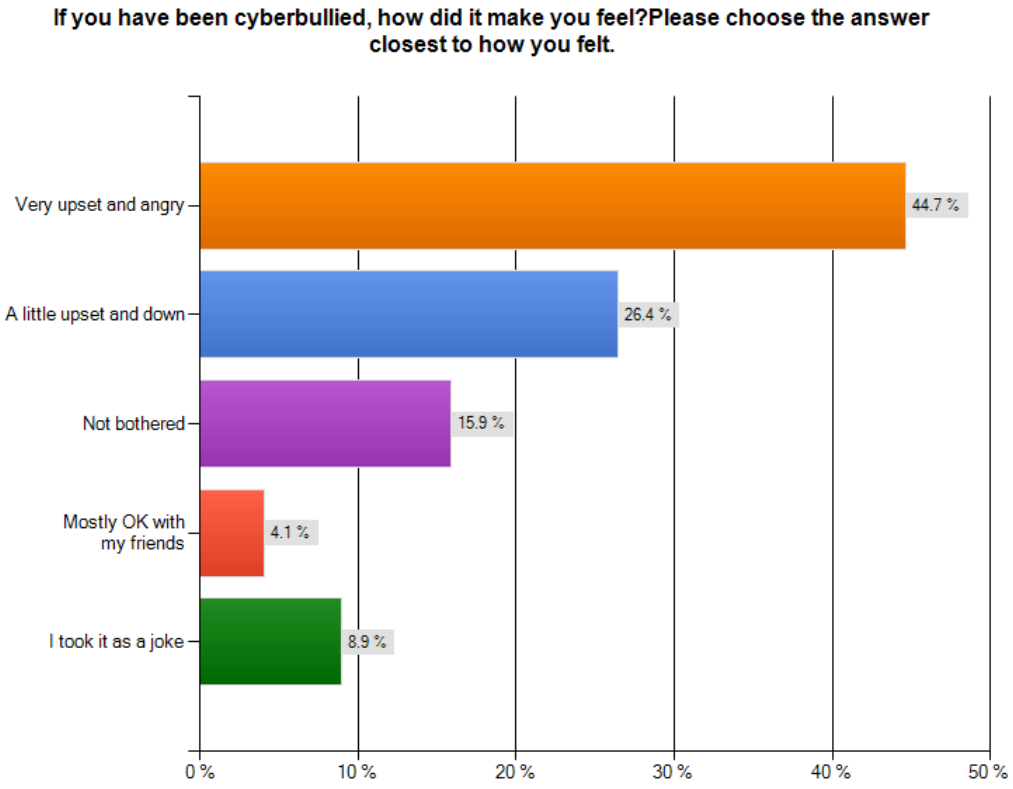


Source: Nottinghamshire County Council, 2013

While victims of cyber-bullying mostly felt 'very upset and angry' or 'a little upset and down' (Figure 5.9.7), there are marked gender differences - 48% of girls compared to 39% of boys are likely to feel very upset and angry. Those who are from the vulnerable groups are even more likely to be very upset and angry than their peers - 55% of those with SEN, 52% of those in care, 56% of young carers and 47% of those who need help with English.

The impact of indirect bullying is not only on the target, but also on those who see it happening. In terms of indirect bullying, 12% admitted they had done this to others**,** 21% have had other people deliberately create or change photos of them in order to upset or hurt them, 45% have had someone deliberately send round a message spreading rumours about them and 73% know someone who has experienced indirect bullying in this way.

Figure 5.9.7 How cyber-bullying makes the respondents feel



Source: Nottinghamshire County Council, 2013

Cyber-homophobia

The most common experience of cyber-homophobia was behaviour linked to bullying already going on in their lives at school (Figure 5.9.8). This was true for one in five of those who experienced homophobic bullying personally.

Targets were often isolated socially by the deliberate use of new technology such as group texting to plan social events and leaving them out (19%). Insults were also experienced in chat rooms (19%) and via texts, tweets, SMS (18%) or on social networking sites (18%). 16% experienced threatening messages 'because they are gay' and the same percentage had rumours spread about them being gay.

However, the overwhelming experience was that of knowing someone else this had happened to. All around them students were aware of homophobic bullying. For example, 89% had seen others suffer because of humiliating photos linked to gay insults and 89% knew of someone being the target of a web or Facebook page set up to hurt someone because they might be gay.

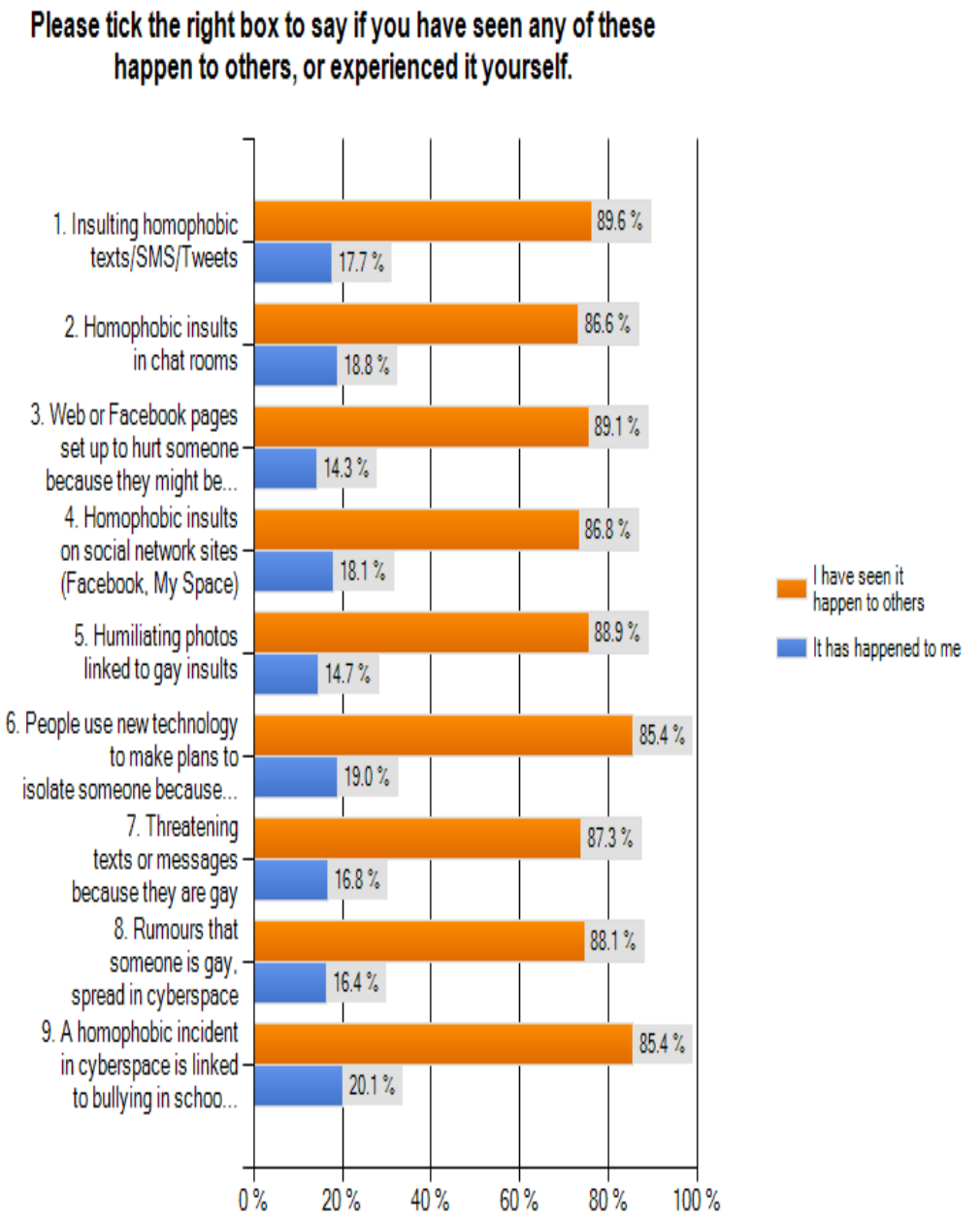
Students who are singled out for homophobic bullying in cyberspace talk of it happening every day or many times each day. This is an intensive and severe experience.

Vulnerable young people experience more homophobic bullying than their peers, which suggests that this behaviour is a proxy for disablist bullying or prejudice driven

behaviour towards people in care. Compared with peers who have no difficulties (8%), the following said homophobic cyber-bullying had happened to them:

- 28% of those in care
- 26% of those with SEN
- 24% of young carers
- 23% of those who need help with English.

Figure 5.9.8 Experiences of homophobic bullying



Source: Nottinghamshire County Council, 2013
[In full: 3) Web or Facebook pages set up to hurt someone because they might be gay; 6) People use new technology to make plans to isolate someone because they are thought to be gay; 9) A homophobic incident in cyberspace is linked to bullying in school or college]

Recommendations – what do we need to do?

- We need to work with schools and other settings to ensure we keep our messages to young people current and relevant.
- Staff need training and updates to ensure we keep up with the emerging digital trends.
- We need to continue our work on e-safety. This needs embedding in the curriculum from foundation upwards. Our aim is make our young people digitally competent and socially aware citizens.
- Whilst providing the above we need to also ensure staff and families have the strategies to deal effectively with behavioural issues and cyber-bullying so young people have the confidence to ask for help.
- We also need to offer extra support to the groups we have identified as being vulnerable and ensure training and support for appropriate staff, families and carers.

5.10 Road safety[41] (last updated September 2010)

Key Messages

1. Child road casualties in Nottinghamshire have shown a consistent reduction over the last five years, ahead of national targets.

2. Whilst the casualties by age group and district vary year on year, there appears to be a consistent slightly higher casualty rate in Ashfield and Mansfield, the more urban areas of the county.

3. Proportionally, the highest number of killed and serious injury (KSI) casualties were to 16-17 year old motor cycle riders/passengers (41% of all 16-17 year old KSI casualties). The second highest group of concern is 11-15 year old pedestrians, who were involved in over half of all pedestrian KSIs to under-18 year olds.

4. Of approximately 100,000 school age children, only around 15 are involved in accidents of any severity outside schools per year.

Child casualties (0-15 years) have reduced significantly since the 1994-1998 average and in Nottinghamshire a 69% reduction in Killed or Seriously Injured (KSI) casualties has been achieved (2008), compared to the government target of a 50% reduction by 2010. It is difficult to determine patterns within these casualties as the numbers are relatively small, with one fatality and 39 serious casualties in the county in 2008, so the following information is taken from the total of the last five years' (2004-2008) KSI casualties.

[41] For a detailed study on road safety in Nottinghamshire, the Nottinghamshire County Council Child Road Safety Audit 2010 can be accessed at: http://www.nottinghamshire.gov.uk/roadsafety.htm

Detailed district data on child casualties over this period, including 16-17 year olds, can be found in the Appendix. The following issues from that data are highlighted here as being of concern:

a) Ashfield has consistently had a larger proportion of all severities of casualty, up to 15 years old, than other boroughs/districts (18.3%) (although Mansfield and Bassetlaw are also high (both 17.3%)), and Bassetlaw has been consistently higher than other boroughs/districts for 16-17 year olds
b) Ashfield and Mansfield have had a higher proportion of pedestrian casualties over all ages than other areas of the county. These mostly occurred between 2004 and 2006, with significant reductions in 2007-2008
c) Bassetlaw and Newark & Sherwood showed a higher proportion of casualties involving car drivers, but in 2008 there were no car driver KSI casualties within Bassetlaw, Broxtowe or Rushcliffe
d) Bassetlaw, Newark & Sherwood and Rushcliffe, the more rural areas of the county, showed a higher proportion of car passenger casualties, reducing in all areas more recently
e) Gedling had a higher proportion of pedal cyclist casualties, again reducing significantly in more recent years
f) Proportionally, the highest number of KSI casualties were to 16-17 year old motor cycle riders/passengers (41% of all 16-17 year old KSI casualties), with the highest percentage occurring in Mansfield. The second highest group of concern is 11-15 year old pedestrians, who were involved in over 50% of all pedestrian KSIs to under-18 year olds.

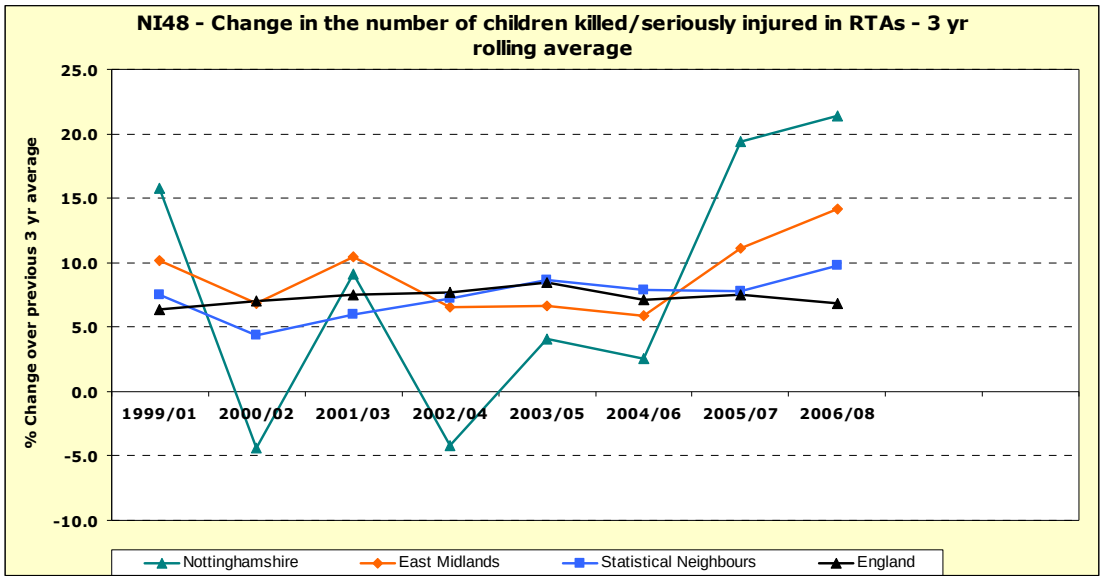
National Indicator (NI) 48 measures the percentage change in the number of children killed or seriously injured in road traffic accidents, based on a three year rolling average (Table 5.10.1). The percentage countywide change from 2006/7/8 when compared to 2005/6/7 was a 21.4% reduction. Over the last four years, the largest reductions have occurred in Bassetlaw (-31.3%), Ashfield (-27.3%) and Newark & Sherwood (-26.5%). Figure 5.10.2 shows the improvement in the county over recent years compared to regional and statistical neighbour averages and the national average.

Table 5.10.1 NI 48 Percentage change in the number of children killed or seriously injured in road traffic accidents

District	2005	2006	2007	2008	Percentage change
Ashfield	15	13	5	6	-27.3%
Bassetlaw	16	7	9	6	-31.3%
Broxtowe	8	8	5	*	-19.0%
Gedling	7	6	8	5	-9.5%
Mansfield	11	12	*	8	-11.1%
Newark & Sherwood	13	12	9	*	-26.5%
Rushcliffe	10	7	*	7	-14.3%
COUNTY	80	63	44	40	-21.4%

Source: Accident Investigation Unit, Nottinghamshire County Council, processed via Safer Nottinghamshire Board Strategic Analytical Unit data hub, 2010
[*Number below five and suppressed]

Figure 5.10.2



Source: DCSF Local Area Interactive Tool, (April version) 2010
[Note: High figures in this graph represent **positive** performance. Apparent wide fluctuations in Nottinghamshire are due to small changes to already low numbers (in a single county) converting into high percentage variations, whereas regional/statistical neighbour/national numbers are much higher (because they are aggregated from many counties), so percentage changes appear more slight]

As perhaps would be anticipated, the highest prevalence of children killed or seriously injured in pedestrian and cycle incidents is in the summer months. Generally there are no casualties before 8am and most casualties occur in the afternoon or evening on a weekday. In contrast, children travelling as car passengers appear to be more likely to have an accident at the weekends, when this is perhaps more prevalent as a form of transport. Figure 5.10.3 shows the number of child casualties occurring outside schools on a school journey. The number of KSI casualties is low, with a further 11 slight casualties on average per year.

Figure 5.10.3 Collisions involving school children aged 5 – 16 on a school journey (2006-2008), occurring within 100m radius of a school entrance between the hours of 08:00 - 09:15 and 15:00 - 16:15

Year	Fatal	Serious	Slight	Total
2006	0	*	6	7
2007	0	*	18	20
2008	0	6	10	16
Casualty Totals	0	6 + *	34	43

Source: Road Safety Unit, Nottinghamshire County Council, 2010
[*Number below five and suppressed]

A County Council research project in 2009 to explore young people's perceptions of the Council's communications and publicity highlighted young people's desire to have more pelican crossings to enable safe road crossing (especially in Gedling). Young people felt that they are shouted at for cycling on the pavements and shouted at by

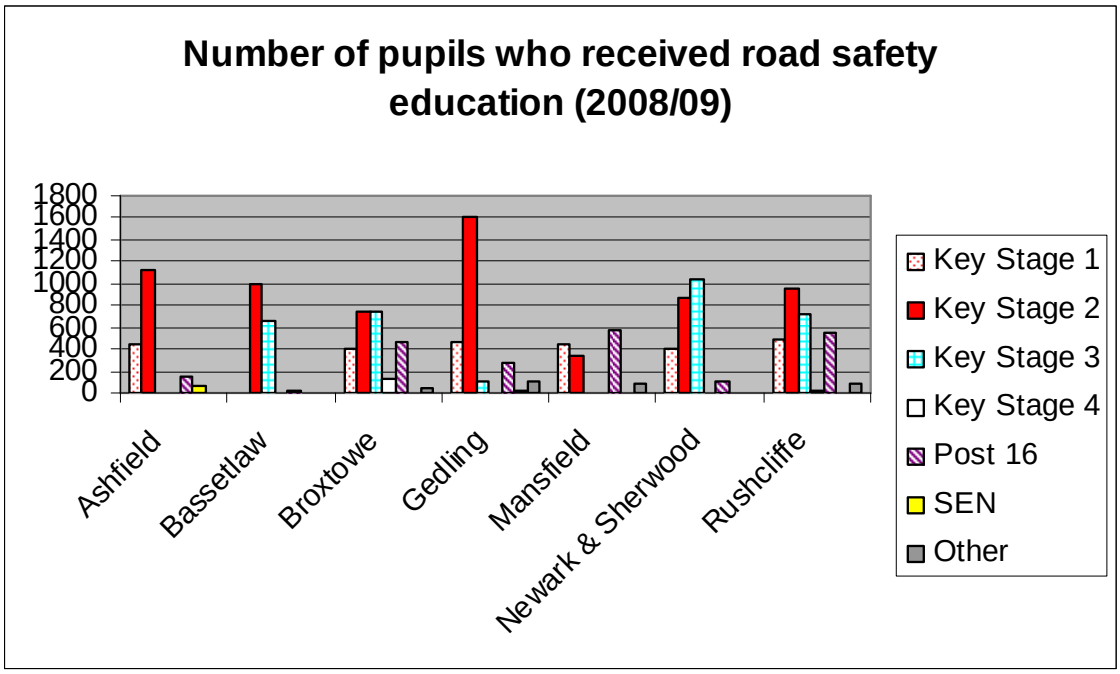
motorists if they cycle on the road – the need for more safe cycle routes was raised. Parents consulted for this needs assessment also rated road safety as a concern.

Road safety education (RSE) and awareness raising activities are carried out across the county to an average of nearly 17,000[42] children and young people a year, prompted in a number of ways:

- Specific requests from schools relating to perceived problems for their pupils on school journeys
- As part of the action plan included in the development of a school's travel plan
- Areas identified through casualty data analysis[43]
- Primary schools who achieve low scores in the annual quiz[44]. The five schools with the lowest scores in their district are targeted for additional RSE support

Figure 5.10.4 gives an idea of the numbers of pupils who received RSE in 2008/09 and their age groups. While data has been kept in recent years relating to the numbers of pupils involved in RSE in each district, there is insufficient data available at this time to determine whether there is any correlation between delivery of RSE and casualty reduction.

Figure 5.10.4



Source: Road Safety Unit, Nottinghamshire County Council, 2010

[42] 16,632 average per year (2006-2009)
[43] Whilst the data is based on small numbers within each district, the most common outcome relates to pedestrian and cyclist activity and occurs mostly in urban areas
[44] The annual road safety quiz involves year 3-6 pupils in over 95% of primary schools within Nottinghamshire, approximately 38,000 children each year

5.11 Homelessness and supported accommodation[45] (last updated March 2013)

Key Messages

1. The number of statutory homeless applications and acceptances reduced significantly at both a national and local level between 2003 and 2009, but since then numbers have been increasing.

2. The Nottinghamshire Youth Homelessness Strategy estimated that there were 289 young people aged 16-24 accepted as being homeless, in priority need and owed a full duty in 2010/11, around 10% of whom were aged 16 or 17.

3. In 2011/12, 408 people (all ages) were accepted as being homeless and in priority need in Nottinghamshire (age breakdowns not known, nor how many were families with dependent children). In the first half of 2012/13, there were 264 acceptances (April to September 2012).

4. The number of 16/17 year olds entering short term accommodation based Supporting People services remained at a similar level between 2003 and 2011, but the number of young people aged 18-24 entering Supporting People services has continued to rise.

5. The 2011 Homeless Watch survey of Nottinghamshire and Nottingham City found that children recorded as homeless as a proportion of adult presentations was at its highest since 2007. 0-4 year olds comprised almost half, and under-10s three quarters, of the children reported as dependents of adults presenting as homeless.

National and local context

Life chances for young people who experience housing instability and homelessness are poor[46]. They are less resilient to managing life changes[47], and more likely to make poor life choices[48] than young people who benefit from living in a stable and supportive home environment[49]. Remaining within the family home, where it is safe and possible to do so, for as long as possible is generally in the best interests of most young people[50].

Youth homelessness is not a new problem. It is an entrenched and complex social phenomenon. Levels have remained stubbornly persistent over the last decade despite changes in legislation, significant investment, and improvements to service

[45] Much of this section is taken from the Nottinghamshire Youth Homelessness Strategy (2012-15) and supporting needs analysis.
[46] Decade of progress?, Joseph Rowntree Foundation/Centrepoint (2008)
[47] Stein, M. Overcoming the Odds, Joseph Rowntree Foundation (2008): http://eprints.whiterose.ac.uk/4159/1/ResearchReview.pdf
[48] Arnull, E. Accommodation Needs and Experiences, Youth Justice Board (2007): http://www.yjb.gov.uk/publications/Resources/Downloads/Accommodation%20Needs%20and%20Experiences%20-%20Full%20Report.pdf
[49] Too much, too young, Centrepoint (2005)
[50] CLG, Homelessness Code of Practice for Local Authorities, section 12.7 (2006)

provision[46]. Homelessness is also not just a housing problem[51] – it is often the end product of various other factors experienced by young people. Most young people who become homeless, or are at risk of homelessness, have needs which could have been addressed before they developed into crises.

Much research has been undertaken to understand the causes of youth homelessness. It often seeks to identify 'risk factors' that lead to, and 'triggers' that commonly cause, homelessness. Those most frequently highlighted in the research are:

- family disputes and breakdown
- a care history
- sexual or physical abuse in childhood or adolescence
- offending behaviour and/or experience of prison
- lack of social support networks
- debts, especially rent or mortgage arrears
- causing nuisance to neighbours
- drug or alcohol misuse
- school exclusion and lack of qualifications
- mental health problems
- poor physical health.

The Nottinghamshire Youth Homelessness Strategy (2012-2015) sets out the vision to *'improve the life chances life changes and life choices of young people in Nottinghamshire who are threatened with or experiencing homelessness, and ensure all young people have the opportunities they need to make a successful transition to adulthood and independence, by providing a range of support services most appropriate to their needs and circumstances.'* The key aims of the Strategy are to:

- Intervene as early as possible to prevent housing instability and homelessness from occurring or persisting.
- Ensure service pathways are planned and integrated to better meet the needs of young people experiencing housing instability and homelessness.
- Safeguard young people who are at risk because of housing instability or homelessness.
- Improve transitions to adulthood and independence for young people at risk of becoming entrenched in a cycle of housing instability and homelessness.
- Make better use of available resources to maintain a sufficient range of accommodation-based services with support for young people experiencing housing instability and homelessness by negotiating better value for money with service providers and remodelling existing service provision.

Most contributors to the Strategy, academics and service providers anticipate a rise in levels of homelessness over the coming years. Faced with the prospect of rising demand and diminishing resources, the Strategy aims to strengthen the approach to tackling youth homelessness in Nottinghamshire.

[51] Shelter, More than a Roof

Statutory youth homelessness in Nottinghamshire[52]

Establishing a complete and accurate count of the number of homeless people is notoriously difficult. There are six main problems that arise in trying to count young homeless people[53]:

- Definitions of homelessness vary between agencies and areas
- Data collected varies between authorities and agencies
- Data is restricted in scope
- There is little or no robust data on some populations
- Some of the available data sets overlap - i.e. a young person may be recorded in more than one set of data
- What data there is tends to be based entirely on service contact.

Nevertheless, the Nottinghamshire Youth Homelessness Strategy[54] has estimated current and future levels of youth homelessness from two main sources:

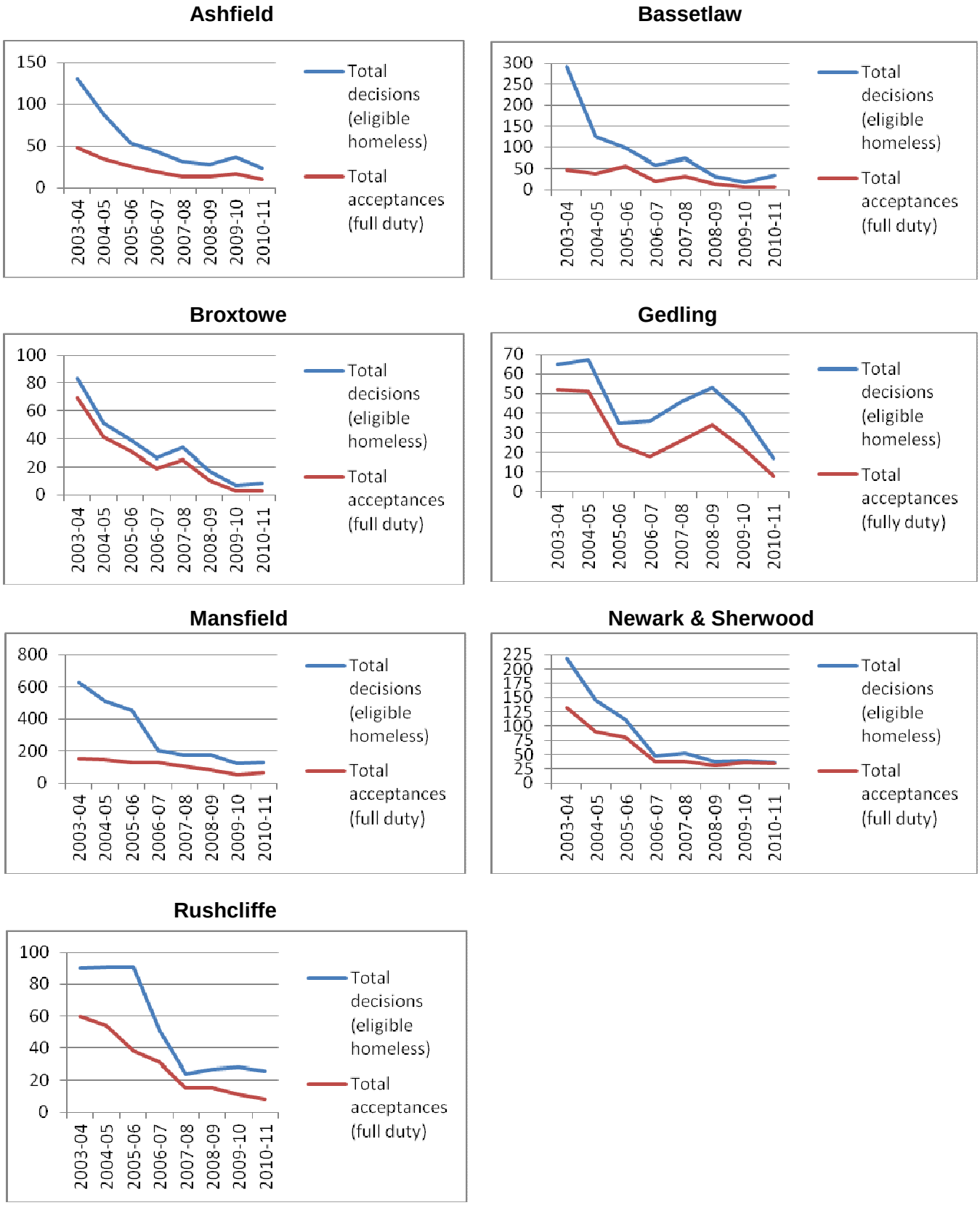
- Young statutorily homeless households who have been found unintentionally homeless and in priority need, or accepted as being eligible homeless
- Non-statutorily homeless young people using hostels or supported accommodation.

The number of statutory homeless applications and acceptances reduced significantly at both a national and local level between 2003 and 2009. Since then the numbers have been increasing. It is not possible to disaggregate the age of homeless applicants from the publicly available data on P1E returns, but the Youth Homelessness Strategy has estimated the number of applications from young people aged 16-24 by applying the average percentage of all homeless acceptances for this client group in England in 2010-11 (37% of applicants[55]) to the total number of applications and acceptances for each district.

The following graphs (Figure 5.11.1) show the estimated number of statutory homeless decisions and acceptances for 16-24 year olds by district between 2003 and 2011. By this Youth Homelessness Strategy estimate there were 289 young people aged 16-24 who were accepted as being homeless, in priority need and owed a full duty in 2010-11, 33 of whom were aged 16/17[56]. P1E data from July-September 2012[57] indicates that there were 145 people of all ages accepted as being homeless and in priority need (264 in total in the first two quarters of 2012/13), but an age breakdown is not specified, nor how many of these were families with dependent children.

[52] There is no local data publicly available on the numbers of homeless families with dependent children. Work needs to be undertaken with district councils to ascertain countywide figures for this category.
[53] Youth homelessness in the UK: a decade of progress? Quilgars et al. 2008, p9
[54] http://www.nottinghamshire.gov.uk/caring/childrenstrust/pathway-to-provision/targeted-support-youth-justice/homelessness-support/
[55] DCLG Statutory Homeless data Table 771
[56] Assuming the same proportion of 16/17 year old applicants accepted in 2008-9 (11.46% x 289 = 33.12)
[57] DCLG Statutory Homelessness data Table 784a

Figure 5.11.1 Estimated number of statutory homeless decisions and acceptances for 16-24 year olds by district between 2003 and 2011



Source: Youth Homelessness Strategy Needs Assessment, 2012

The sharp decline in local authority homeless decisions and acceptances at the local level is similar to the national picture, and must be viewed in context:

- In 2002, the Homeless Priority Need for Accommodation Orders[58] came into effect. These gave priority status to certain groups, including homeless 16/17 year olds and care leavers up to 21 years old – there was a sharp increase in decisions and acceptances in 2002-3, followed by a drop in 2003-4, and the numbers continued to decline until the 'credit crunch' in 2008.
- In 2002, central government set a target to halve the number of people living in temporary accommodation by 2010. Since this time local authority housing departments have been encouraged to focus on homeless prevention.
- In 2003, the Supporting People Programme was launched. This resulted in an increase in non-statutory service provision; access to these services was 'universal'.
- In 2005, central government introduced a performance target relating to homeless preventions – BVPI 213[59].

Whilst there is little doubt that focusing on homeless prevention has had positive impacts, the extent to which statutory homelessness data supports the view that homelessness has reduced significantly over the period may be questioned.

Non-statutory youth homelessness in Nottinghamshire

Figure 5.11.2 provides a breakdown of the age of young people entering short-term accommodation-based Supporting People services in Nottinghamshire from 2003 to 2011. The number of 16/17 year olds entering accommodation-based services has remained at a similar level for the last eight years (256 in 2003/4 and 240 in 2010-11). Over the same period, the number of young people aged 18-24 entering Supporting People services has continued to rise, with the numbers increasing by 28% between 2007-8 and 2010-11 (490 to 684 respectively).

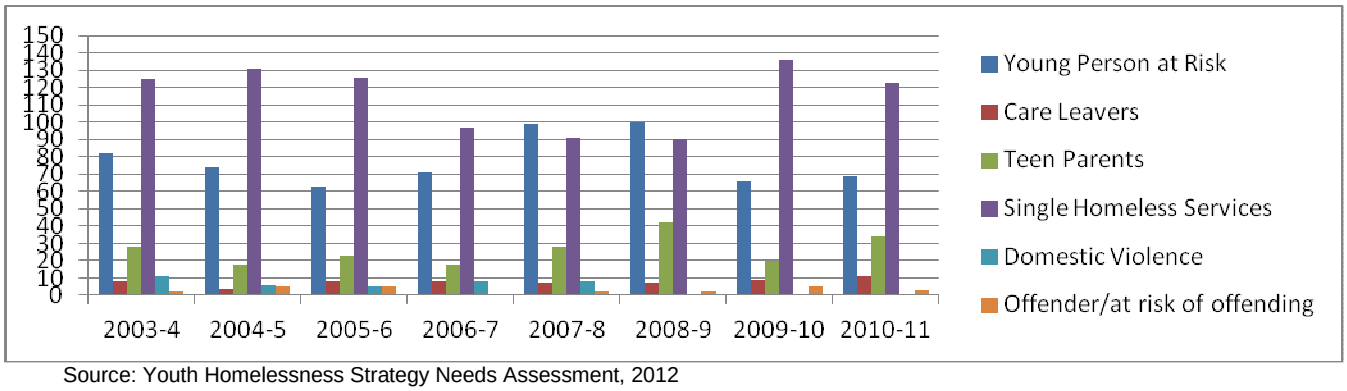
Figure 5.11.2 Numbers of young people entering short-term accommodation-based Supporting People services in Nottinghamshire (2003 to 2011)

Source: Youth Homelessness Strategy Needs Assessment, 2012

[58] http://www.legislation.gov.uk/uksi/2002/2051/contents/made
[59] http://www.communities.gov.uk/publications/housing/bestvalueperformance

Supporting People services are defined by the 'primary client group' that a service works with. There are three Young Person specific service types - young people at risk, care leavers and teenage parents. In addition to those entering client group specific services, there are also significant numbers of 16/17 year olds entering other services, most notably in single homeless services for adults (Figure 5.11.3).

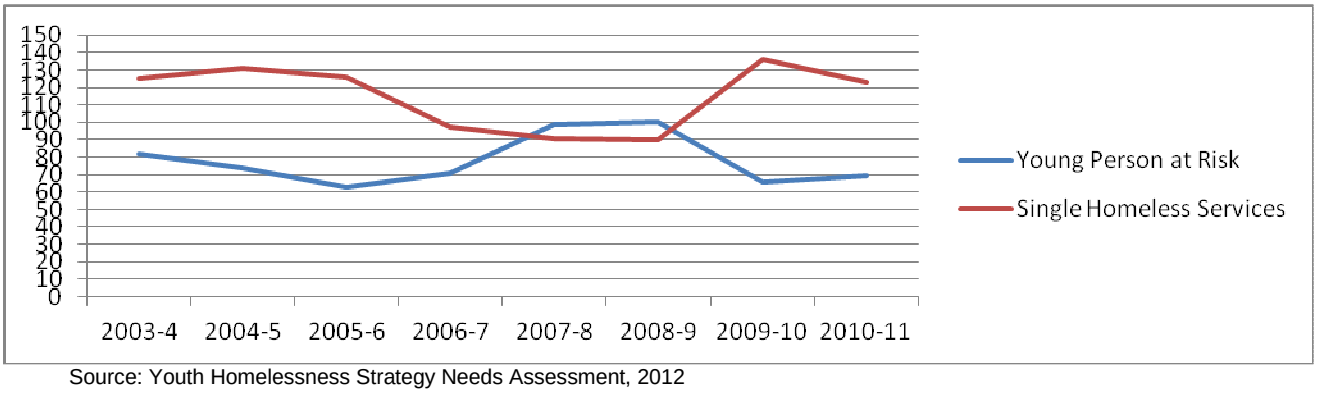
Figure 5.11.3 Supporting People - 16/17 year olds by Primary Client Group (2003-2011)



Source: Youth Homelessness Strategy Needs Assessment, 2012

Analysis of the Supporting People Client Record database suggests that more 16/17 year olds entered other service types than the three client group specific services in 2010-11, and almost twice as many 16/17 year olds entered Homeless Services for single adults than Young Person at Risk specific accommodation (123 and 69 respectively) (Figure 5.11.4).

Figure 5.11.4 Supporting People - 16/17 year olds entering youth or adult homeless services (2003-2011)



Source: Youth Homelessness Strategy Needs Assessment, 2012

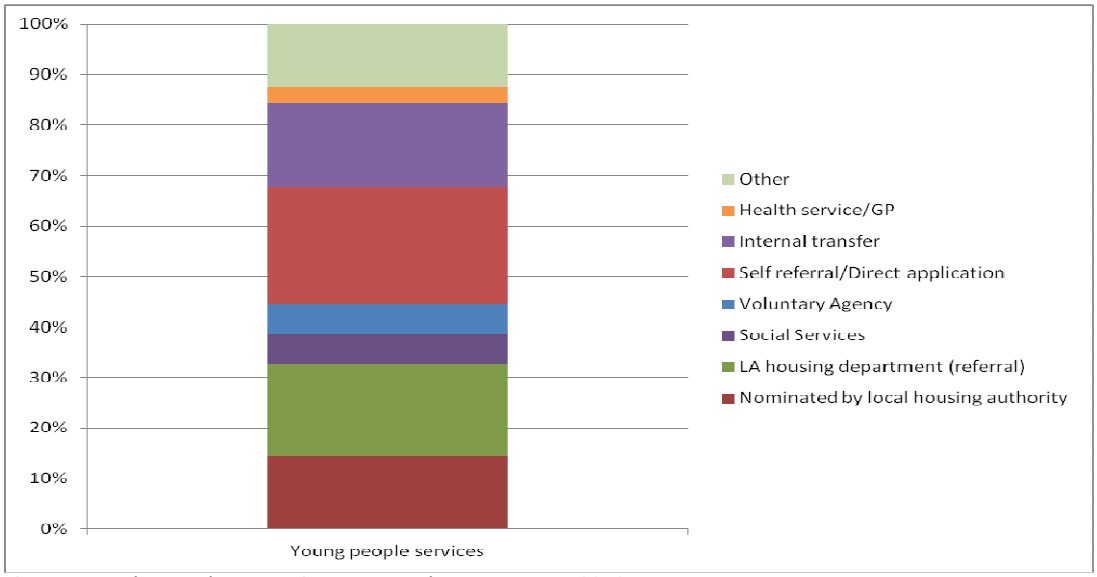
The number of new entrants to services overlap will exist in these figures - national data for young people reveals a third of new entrants aged 16-24 had used services twice[60]. As the data above records all 16/17 year olds entering both service groups over the reporting period, the Youth Homelessness Strategy estimates there were 129 individuals aged 16/17 years old who entered these two service groups in 2010-11.

[60] Supporting People Client Record data, https://supportingpeople.st-andrews.ac.uk/login.cfm

Referrals of 16/17 year olds into Supporting People services

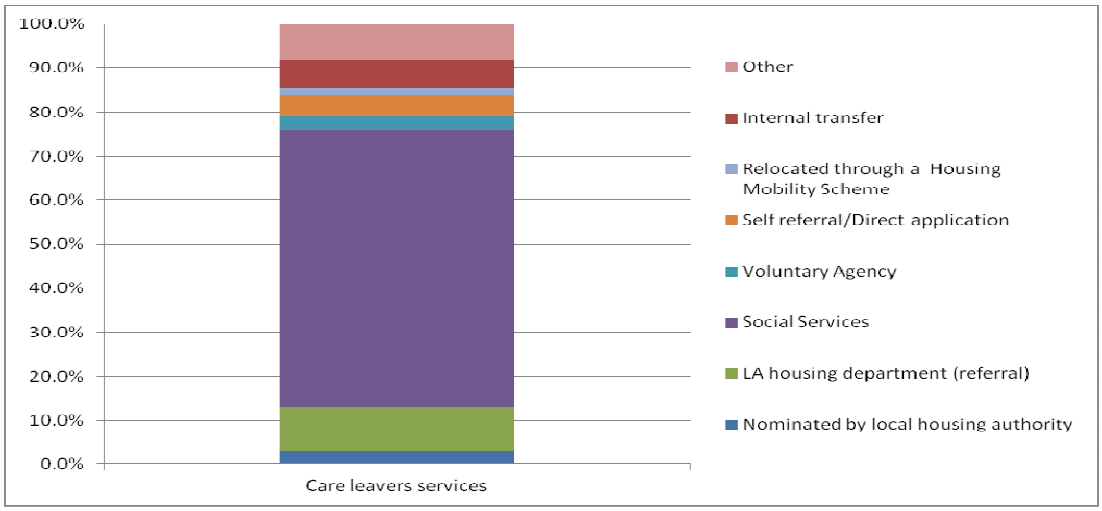
Figures 5.11.5 to 5.11.7 show a breakdown of the source of referrals as a percentage of all 16/17 year olds entering the three client group specific Supporting People accommodation-based services between 2003 and 2011.

Figure 5.11.5 Source of referrals of all 16/17 year olds entering the Supporting People accommodation-based young people services (2003 – 2011)



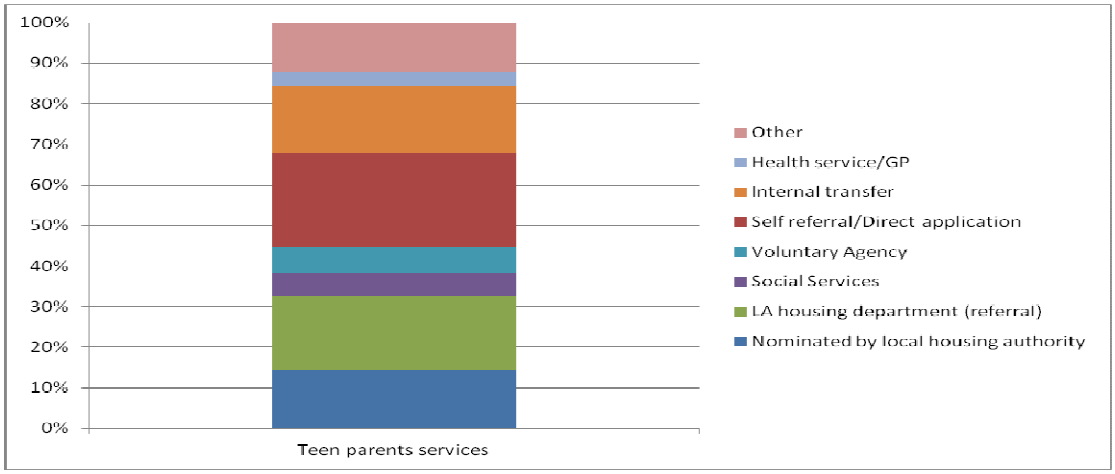
Source: Youth Homelessness Strategy Needs Assessment, 2012

Figure 5.11.6 Source of referrals of all 16/17 year olds entering the Supporting People accommodation-based care leavers services (2003 – 2011)



Source: Youth Homelessness Strategy Needs Assessment, 2012

Figure 5.11.7 Source of referrals of all 16/17 year olds entering the Supporting People accommodation-based teen parents services (2003 – 2011)



Source: Youth Homelessness Strategy Needs Assessment, 2012

Estimating future need

The Youth Homelessness Strategy uses a modelling tool adapted from the Housing Corporation/London Housing Federation to estimate future need and demand. This provides an estimate of the number of young people with one or more support needs who are likely to experience housing instability or homelessness each year in Nottinghamshire (Table 5.11.8). This does not necessarily mean that all of them will present to services for accommodation or support. Need is driven by multiple factors and while some people may clearly display indicators of need, they may not present to services. Some will find their own solutions, others will have brief interventions with one or more service that prevents a crisis situation.

Table 5.11.8 Estimated numbers of young people in need by age and district

District	Total population in need		
Age	16/17	18-21	22-24
Ashfield	126	239	183
Bassetlaw	112	212	162
Broxtowe	53	101	77
Gedling	63	120	92
Mansfield	134	253	194
Newark & Sherwood	85	161	123
Rushcliffe	12	23	18
County	585	1109	849

Source: Youth Homelessness Strategy Needs Assessment, 2012

Stakeholder feedback

Preparation of the Nottinghamshire Youth Homelessness Strategy involved consultation with a number of stakeholders. These included young people accessing services, providers of accommodation services for young people, teams from Children's Services, district/borough council housing & homeless services and commissioners and managers from other service areas. Key issues and common themes are summarised below.

1. Young People

It was clear young people recognised their homelessness was precipitated by a number of interconnecting factors by followed by a trigger situation. Contributing factors typically included:

- Not getting along with parent(s), sibling(s) or new partner of parent
- Growing up in poor housing conditions
- The extent to which the young person grew up with poor parenting, neglect and abuse
- Continually not doing as parents asked or other problem behaviours – truancy, ASB/criminality, etc.
- Starting or maintaining personal or social relationships with the wrong person or wrong crowd
- Problematic drug or alcohol use (own and parental).

Trigger factors typically included:

- Changes in the family such as parents splitting up, a parent starting a new relationship or moving a new partner into the family home
- Parent(s) moving to different house or area
- Getting kicked out of school or college
- Arguments about behaviour or contribution within the household
- Turning 16 or 18
- Pregnancy
- Getting arrested/charged or 'caught' by parent doing something (e.g. using drugs in bedroom).

Young people were also asked what had helped and what had not helped them during their homelessness journey:

What helped?

1. Young people said they are more likely to ask family and friends about what to do when threatened with or becoming homeless, before contacting different agencies.
2. Most said that approaching housing providers directly presented the best and quickest chance for them getting somewhere to live.
3. Most said that supported accommodation provided the best housing option for them, recognising that they needed support to learn how to manage independently.
4. Young people were more likely to cite positive experiences of contact with voluntary & community groups, Connexions and youth workers than they were with the other agencies.
5. Most of the young people had positive experiences of living in supported housing services, said staff were friendly and helpful, and that they were helped to resolve issues and develop living skills. Some, however, said that they did not get much support.

What didn't help?

1. The number of different agencies and services that young people came into contact with as their lives became more challenging.
2. The sense of being 'fobbed-off' by whichever statutory agency the young person first presented to as a result of housing crisis – all of the young people

aged under-18 who were spoken with said they thought they were more likely to get help from housing services than children's services.

3. Negative attitudes towards them if they were homeless – both from public services and the wider public. A sense of not being heard or not being believed was common, as was the belief that 'gate-keeping' access to services is common practice.
4. Although they were not able to afford to live in independent accommodation in the private rented or social housing sectors, this was not the main driver in young people's experience of becoming homeless and ending up in supported accommodation. Experiences of poor parenting, neglect and abuse were not uncommon - most said they either got kicked out of home or left at the earliest opportunity.

2. Housing-Related Support Service Providers

Service providers felt that the strengths of the housing-related support sector were a knowledge and understanding of the needs of homeless young people, working to prevent homelessness amongst young people, enabling them to address their current issues and prepare effectively for move on, and partnership working with other agencies to meet a range of needs, including education, training and employment, health, etc.

They identified a number of difficulties at an operational and strategic level, which include:

- Poor experiences of working with Children's Services over assessments for 16/17 year olds
- Lack of response to safeguarding referrals – child and adult
- Lack of move on options, especially for under-18s
- Lack of crisis/emergency access accommodation
- Lack of consistency in approach across services (e.g. evictions)
- Impact of tendering exercises on service delivery – competition eroding collaborative working relationships
- Impact of planned reductions in funding for accommodation-based and tenancy support services
- The loss of young people's specific tenancy support services
- The amount of bureaucracy within contracting and tendering arrangements.

3. Children's Services

Staff in Children's Services reported that they felt the current relationships between accommodation officers in the County Council and accommodation providers are working well and that generally speaking the process of moving young people into supported accommodation is quick and effective. They also recognised the 'added value' that supported accommodation provides in areas such as teenage parenting and access to education and employment.

However, issues Children's Services staff highlighted were as follows:

- Some people are falling through the net (e.g. 'sofa-surfing')
- Some services are targeted at particular groups of young people, not universally accessible
- There is often a gap between referral and interview for supported housing
- Some concern about the effectiveness of safeguarding policies and procedures in supported housing

- Ability to access emergency/respite bed space when needed
- Services not accepting or maintaining higher need clients
- Funding only pays for the support element and the housing element is not commissioned (therefore not influenced) by the County Council.

The actions and issues that Children's Services managers want to address are:

- A more equitable spread of services throughout the county
- A range of accommodation options for care leavers
- Emergency beds for under-18s
- Fewer evictions
- Services to be more flexible
- No 'cherry picking'
- Better awareness and practice in safeguarding
- Controlled access to accommodation services – nomination rights
- Better planning for transitions
- Access to mediation services.

4. District and Borough Councils

The two most pertinent themes common from discussions with district/borough councils not already covered above were:

- The impact that the County Council's budget decisions have had on them. They feel there is a danger that effective partnership working arrangements, vital to ensuring effective move-on and long term housing options for homeless young people, could be eroded.
- There are ongoing concerns about the extent to which the Young Person's Housing Protocol between Children's and Housing Services is legally compliant.

5. Supporting People

Supporting People expressed concerns about the impact of reducing the age range for this client group from 16-24 to 16-21. To maintain budget savings that the County Council has already committed to and contribute towards homelessness services for people aged 22-24, a decision has been taken to allocate 10% of the inherited spend from young person services to contribute towards a new countrywide homeless prevention service. This service will be able to provide tenancy support for young people, as well as adults.

Nottinghamshire Homeless Watch Survey[61]

The most recent Nottinghamshire Homeless Watch Survey was conducted in late September/early October 2011 to provide a snapshot of homelessness and the needs of homeless people in the county[62]. It was based on individuals who presented themselves to key agencies and homelessness support providers across Nottingham City and Nottinghamshire during the time period.

People presenting as homeless were most likely to be single people (80%), followed by single parents (13%), couples with children (4%) and childless couples (3%). There was a decrease in the proportion of 16-17 year olds presenting from 8%[63] in 2010 to 4% in 2011, but an increase in 18-24 year olds (33% compared to 30% in 2010). Women were more likely than men to fall into the younger age groups of 16-17 and 18-24 – overall 50% of women presenting were under 25, compared to 29% of men.

12% of adults who presented as being homeless during the period had dependent children. There were more children recorded as being homeless in 2011 than in 2010 - 184 children overall in 2011 - an increase of 49 on 2010 but a drop from the higher levels in previous years (Table 5.11.9). In 2011, there were 0.33 children per adult reported as being part of a homeless household, whereas in 2010 the figure was 0.24 and in 2009 it was 0.23. Children recorded as homeless as a proportion of adult presentations is at its highest since 2007.

0-4 year olds comprised almost half (48%) and under 10s three quarters (76%) of the children reported as dependents of adults presenting as homeless. A total of 25 women who presented themselves as homeless were pregnant (of whom a third (32%) presented in the City), up from 19 in 2010.

Table 5.11.9 Homeless children by age group who presented with parents to the Nottinghamshire Homeless Watch Survey (2005-2011)

	2005		2006		2007		2008		2009		2010		2011	
Age	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
0-4	115	39%	108	42%	171	45%	148	49%	96	52%	37	27%	91	49%
5-10	89	30%	76	29%	101	26%	67	22%	48	26%	41	30%	53	29%
11-15	61	21%	56	22%	63	16%	49	16%	26	14%	27	20%	28	15%
16-17	18	6%	15	6%	22	6%	21	7%	8	4%	7	5%	11	6%
18+	11	4%	5	2%	27	7%	15	5%	5	3%	24	17%	1	1%
Total	294	100%	260	100%	384	100%	300	100%	183	100%	135	100%	184	100%

Source: Nottinghamshire Homeless Watch 2011

[61] The full 2011 Nottinghamshire Homeless Watch Survey results can be accessed at: www.hlg.org.uk
[62] In the context of the Homeless Watch Survey, all figures quoted include Nottingham City and Nottinghamshire County combined.
[63] i.e. 8% of the total presentations recorded by the survey.

JOINT STRATEGIC NEEDS ASSESSMENT FOR NOTTINGHAMSHIRE

Children & Young People: Appendix

Glossary of acronyms

ACPO	Association of Chief Police Officers
ACT	Association of Children's Palliative Care
ADHD	Attention Deficit Hyper-Activity Disorder
A&E	Accident & Emergency Department
A-Level	Advanced Level
APS	Average Point Score
ASD	Autistic Spectrum Disorder
BCG	Bacillus Calmette–Guérin (Tuberculosis vaccine)
BESD	Behavioural, Emotional and Social Difficulties
BI	Brief Intervention
BME	Black and Minority Ethnic
BNS	Bassetlaw and Newark & Sherwood
BVPI	Best Value Performance Indicator
CAB	Citizens Advice Bureau
CAC	Crimes Against Children
CAF	Common Assessment Framework
CAIU	Child Abuse Investigation Unit
CAMHS	Children and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
(N)CCIS	(National) Connexions Client Information System
CDOP	Child Death Overview Panel
CDRP	Crime and Disorder Reduction Partnership
CFCS	Children, Families & Cultural Services
CI	Confidence Interval
CLL	Communication, Language and Literacy
CMO	Children Missing Officer
COVER	Cover of Vaccinations Evaluated Rapidly
CPP	Child Protection Plan
CPRC	Child Protection Review Conference
CSA	Childcare Sufficiency Assessment
CSE	Child Sexual Exploitation
CSO	Chlamydia Screening Office
CSP	Community Safety Partnership
CYPS	Children & Young People's Services
D&BHFT	Doncaster & Bassetlaw Hospitals NHS Foundation Trust
DAAT	Drug & Alcohol Action Team
DALW	Domestic Abuse Link Worker
DCSF	Department for Children, Schools and Families
DDA	Disability Discrimination Act 2005
D of E	Duke of Edinburgh Award Scheme
DfE	Department for Education
DH	Department of Health
Dmft	Decayed, Missing & Filled Deciduous (Baby) Teeth

DTaP/IPV/Hib	Vaccine against Diphtheria, Tetanus, Pertussis, Polio and Haemophilus Influenza Type B
DWP	Department for Work & Pensions
EAL	English as an Additional Language
EDT	Emergency Duty Team
EET	Education, Employment or Training
EHC	Emergency Hormonal Contraception
EHE	Elective Home Education
EMPHO	East Midlands Public Health Observatory
ENT	Ear, Nose & Throat
EYFS	Early Years Foundation Stage
FMU	Forced Marriage Unit
FNP	Family Nurse Partnership
FSM	Free School Meals
GCSE	General Certificate of Secondary Education
GFR	General Fertility Rate
GP	General Practitioner
GRT	Gypsy, Roma and Traveller
GUM	Genito-Urinary Medicine
HE	Higher Education
HES	Hospital Episode Statistics
Hib	Haemophilus Influenza Type B
HNA	Health Needs assessment
HPA	Health Protection Agency
HPV	Human Papillomavirus
ICPC	Initial Child Protection Conference
IMD	Indices of Multiple Deprivation
IDACI	Income Deprivation Affecting Children Index
IMR	Infant Mortality Rate
JAT	Joint Access Team
JSNA	Joint Strategic Needs Assessment
KS	Key Stage
KSI	Killed or Seriously Injured
LAC	Looked After Children
LBW	Low Birth Weight
LDD	Learning Difficulties and Disabilities
LGBT	Lesbian, Gay, Bisexual and Transgender
LLDD	Learners with a Learning Difficulty and/or Disability
LSOA	Lower Super Output Area
MARAC	Multi-Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hub
MDS	Minimum Data Set
MINI	Mental Illness Needs Index
MMR	Measles, Mumps & Rubella
MRS	Market Research Society
MYP	Member of the UK Youth Parliament
NCMP	National Child Measurement Programme
NCSP	National Chlamydia Screening Programme
NEET	Not in Education, Employment or Training
NHS	National Health Service
NHSP	National Healthy Schools Programme
NI	National Indicator
NICE	National Institute for Health and Clinical Excellence
NLC	Nottinghamshire Learning Centre
NPA	Neighbourhood Policing Area

NSCB	Nottinghamshire Safeguarding Children Board
NTA	National Drug Treatment Monitoring System
NUH	Nottingham University Hospitals NHS Foundation Trust
NVQ	National Vocational Qualification
OFSTED	Office for Standards in Education
OLA	Other Local Authority
ONS	Office for National Statistics
(p)	Provisional
PBC	Practice Based Commissioning
PCT	Primary Care Trust
PCV	Pneumococcal Disease
PE	Physical Education
PID	Pelvic Inflammatory Disease
PRU	Pupil Referral Unit
PSED	Personal Social and Emotional Development
PSRN	Problem Solving, Reasoning and Numeracy
R&M	Routine and Manual
RCPC	Review Child Protection Conference
RII	Relative Index of Inequality
RPA	Raising the Participation Age
RSE	Road Safety Education
S47	Section 47 Enquiry (Child Protection)
SADB	Scrutiny and Development Board
SATOD	Smoking Status at Time of Delivery
SCR	Serious Case Review
SDD	Smoking, Drinking and Drug Use
SDQ	Strengths and Difficulties Questionnaire
SEIU	Sexual Exploitation Investigation Unit
SEN	Special Educational Needs
SFHFT	Sherwood Forest Hospitals NHS Foundation Trust
SHA	Strategic Health Authority
SID	Sudden Infant Death
SII	Slope Index of Inequality
STI	Sexually Transmitted Infection
SUDI	Sudden Unexpected Death in Infancy
TOP	Termination of Pregnancy
UASC	Unaccompanied Asylum Seeking Children
UCAS	Universities and Colleges Admissions Service
VAP	Violence Against a Person
VLBW	Very Low Birth Weight
WAM	What About Me?
WHO	World Health Organisation
YTD	Year to Date

Statistical and regional neighbours

Statistical neighbour models provide one method for benchmarking progress. Developed by the National Foundation for Educational Research and used by Ofsted, these models designate a cluster of local authorities deemed to have similar characteristics. Any local authority may compare its performance against its statistical neighbours to provide an initial guide as to whether their performance is above or below the level that might be expected. Nottinghamshire's statistical neighbours are, in order of 'closeness':

Rank (1=Closest)	Name	"Closeness"
1	Derbyshire	Extremely Close
2	Staffordshire	Extremely Close
3	Lancashire	Extremely Close
4	Cumbria	Very Close
5	Northamptonshire	Very Close
6	Swindon	Very Close
7	Kent	Very Close
8	Dudley	Very Close
9	Wigan	Very Close
10	Lincolnshire	Very Close

Regional neighbours in the East Midlands vary in terms of their demographic 'closeness' to Nottinghamshire, as below:

Derbyshire	Extremely Close
Northamptonshire	Very Close
Lincolnshire	Very Close
North Lincolnshire	Very Close
Leicestershire	Very Close
City of Derby	Close
North East Lincolnshire	Close
Rutland	Somewhat close
Nottingham City	Not Close
Leicester	Not Close

Future data and intelligence challenges

System-based

- More locality information - district level and below, clinical commissioning group, family of schools etc.
- Smoking prevalence, including consistency of data collection in hospitals
- Obesity prevalence amongst children with disabilities
- Fixed term exclusions of looked after children individually monitored and followed up, but systems do not allow for regular reporting
- Limited educational data on Nottinghamshire looked after children attending schools outside the county
- Joint Access Teams (JATs) and Common Assessment Framework (CAF) – identifying outcomes and what has changed as a result of the JAT/CAF
- Children of prisoners
- Uptake of services by fathers, fathers' support needs and evaluation of all family services in relation to engagement with fathers
- Analysis of the ages of entry into the care system and subsequent outcomes
- Cross-referencing outcomes with length of stay in the care system would give a clearer indication of operational success/failure
- Immunisation uptake in relation to 'at risk' groups
- Further information on the emotional health needs of young offenders and children with additional needs
- More timely local teenage conception data and levels of teenage mothers who smoke in pregnancy and breast feed
- Hospital admission diagnoses often coded as 'unclassified' and some codes non-specific and imprecise
- Breast-feeding at discharge from hospital and at 10-14 days to understand when women stop breast-feeding
- Inconsistent information on attendance at hospital out-patients and use of a wide range of community services

Research-based

- Parenting support with vulnerable infants
- Safeguarding aspects of children educated at home
- Safe recruitment issues
- Young carers
- Longitudinal information on children engaged by child protection intervention
- Outcomes from early adulthood for children who have been the subject of a statutory intervention
- Sexualisation of children & young people
- A detailed follow-up of care leavers aged 25 – 30 to assess longer-term outcomes
- 'Teen abuse' – violence within intimate teenage relationships
- Teenage violence and abuse against parents/siblings
- E-safety and the effects of new technology and media on children & young people
- Children and young people living in sub-standard or over-crowded housing

- Effects of parent/carer fuel poverty
- Children with social care involvement at risk of eviction from social housing (significant because if a family is evicted due to their child's anti-social behaviour, the family is classed as 'homeless' and the child is taken into care)
- Families who are made homeless but do not have recourse to public funds (e.g. European Union parents with dependent children who come to the UK to work but who do not work for the relevant qualifying period to be eligible for benefits and are then made unemployed - the welfare of the child becomes the responsibility of the County Council)
- Variation in disease levels and attendance for dental care at a smaller output area level
- Little information on the need for special care dentistry locally
- Evaluation of impact of healthy eating and physical activity campaigns (such as Change 4 Life)
- Actual levels of homelessness of children, young people and families
- Children educated through alternative provision